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FROM :
TO : HESS, JACQUELINE.

TITLE :

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SUBJECTS :

OSWALD, MARINA; FINANCES, INCOME TAXES.
OSWALD, LEE; PRE-RUSSIAN PERIOD, MILITARY SERVICE, COURT-MAR

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COMMENTS : Includes insurance forms, death certificate, & military documents of Oswald. Box 189.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21235

REFER TO: IPO-4-5-1

JUL 28 1978

010313

Ms. Jackie Hess
Select Committee on Assassinations
U.S. House of Representatives
3331 House Office Building, Annex 2
Washington, D.C. 20515

Dear Ms. Hess:

This is in response to Mr. Blakey's May 15, 1978, request for access to all files and documents concerning or referring to Lee Harvey Oswald and Marina Oswald. The following documents are enclosed:

1. Form SS-5, Application for Social Security Account Number, completed by Lee Harvey Oswald.

2. Form SS-5, Application for Social Security Account Number, completed by Marina Oswald.

3. Numident showing name changes for Marina Oswald.

4. Form OA-C5, Application for Survivors Insurance Benefits, completed by Marina Oswald.

5. Certificate of Death issued by the City of Dallas for Lee Harvey Oswald.

6. Marriage certificate (and translation) for Lee Harvey Oswald and Marina Nikolaevna Prusakova.

7. Birth certificate (and translation) for Marina Nikolaevna.

8. Birth certificate (and translation) showing child born to Lee Harvey Oswald and Marina Nikolaevna Oswald.

9. OA-C704, Certification of Contents of Document(s) or Record(s), re birth of child to Lee H. Oswald and Marina Nikolaevna Prusakova.

10. Form OA-C654, Certification By Uniformed Services, for Lee Harvey Oswald.

11. Letter dated 7/25/63 from the Department of the Navy to Lee Harvey Oswald.

12. Form DD-214, Armed Forces of the United States Report of Transfer or Discharge, for Lee Harvey Oswald.

13. Undesirable Discharge from the Armed Forces of the United States, issued to Lee Harvey Oswald.

14. Forms OA-C668, Claimant's Report to Social Security Administration, completed by Marina Oswald on 3/27/64 and 5/1/65.

15. Form OA-C669, Claimant's Report About Work to the Social Security Administration, completed by Marina Oswald on 10/8/64.

16. Form SSA-1425, Reporting Card, completed by Marina Porter on 5/4/66.

17. Forms OA-C777, Annual Report of Earnings, completed by Marina Oswald for 1964 and 1965.

18. Form OAC-1001, Statement of Employer, completed by Jaggars-Chiles-Stovall, Inc.

19. Form OAC-1001, Statement of Employer, completed by Texas School Book Depository.

20. Form OAC-1001, Statement of Employer, completed by William B. Reily, Company, Inc.

21. OAC-5002, Report of Contact, re contact with Jaggars-Chiles-Stovall, Inc.

22. OAC-5002, Report of Contact, re earnings under Jaggars-Chiles-Stovall, Inc.

23. Copies of three pages of the Warren Commission Report re employment of Lee Harvey Oswald prior to service in the Marine Corps.

24. Form OA-C790, Request for E/R Action.

25. Memorandum dated 6/3/65, re remarriage of Marina Oswald.

26. Forms SSA-L735 sent to Marina Porter and completed by Mrs. Porter.

27. Forms OA-C107, Determination of Resumption of Award.

28. Forms OA-C528b, Determination of Termination of Entitlement or Suspension of Payments Based on Supporting Evidence on File.

29. Forms OA-C610, Payee, Address Change, or Hold Check Request.

30. Form OA-C526, Benefit Summary.

31. Form OA-C101, Determination of Award.

32. Form OA-C589, receipt for check.

33. Form OA-C596, 1965 Conversion of Benefit Rates.

34. Form AC-512, Appointment of Representative, completed by Marina N. Oswald and James H. Martin.

35. Form OAC-5002, Report of Contact, with James H. Martin.

36. Form OAC-5002, Report of Contact, re Lee Harvey Oswald's death.

The above-mentioned documents are being sent to you in their entirety. We have withheld only the records of wage and self-employment income maintained under the direction of 42 U.S.C. 405(c)(2). This record is created on the basis of tax return information received from the Internal Revenue Service. Under 26 U.S.C. 6103, this information is given to the Social Security Administration for the administration of the Social Security Act and redisclosure is prohibited. You may request this information directly from the Internal Revenue Service.

I understand that the Dallas Region has already sent you the local folder on Lee Harvey Oswald. We are also checking with the National Archives to determine if it may have further social security records on Lee Harvey Oswald or Marina Oswald. To date, we have found no records under the aliases you provided. We will contact you if further documents are located.

Sincerely yours,

Robert P. Bynum
Associate Commissioner
for Program Operations

Enclosures

Form SS-5
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
(Revised 7-46)

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER

REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

433-54-3937

DO NOT WRITE IN THE ABOVE SPACE

FILL IN EACH ITEM. PRINT IN BLACK OR DARK BLUE INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1 PRINT NAME YOU GAVE YOUR PRESENT EMPLOYER, OR IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED — FIRST NAME: LEE — MIDDLE NAME (IF YOU HAVE NO MIDDLE NAME OR INITIAL, DRAW A LINE ——): HARVEY — LAST NAME: OSWAld

2 MAILING ADDRESS (NO. AND ST., P. O. BOX, OR RFD) (CITY) (ZONE) (STATE): 126 EXCHANGE ST. N.O. LA.

3 PRINT FULL NAME GIVEN YOU AT BIRTH: LEE HARVEY Oswald

4 AGE ON LAST BIRTHDAY: 15

5 DATE OF BIRTH (MONTH) (DAY) (YEAR): OCT. 18 1939

6 PLACE OF BIRTH (CITY) (COUNTY) (STATE): NEW ORLEANS LA.

7 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD: ROBERT LEE OSWALd

8 MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD: MARGARET CLEVIERY

9 SEX: (MARK (X) WHICH) MALE [X] FEMALE [ ]

10 COLOR OR RACE: (MARK (X) WHICH) WHITE [X] NEGRO [ ] OTHER [ ] (IF OTHER, SPECIFY)

11 HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? (MARK (X) WHICH) YES [ ] NO [X] DON'T KNOW [ ]

IF ANSWER IS "YES" PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN — STATE — DATE

ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT — ACCOUNT NUMBER

DAB NO RECORD

12 BUSINESS NAME OF EMPLOYER. IF UNEMPLOYED, WRITE "UNEMPLOYED"

EMPLOYER'S ADDRESS (No. AND STREET) (CITY) (ZONE) (STATE)

13 TODAY'S DATE: -/6/55

14 WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT): Lee H. Oswald

DO NOT WRITE IN THIS SPACE

16—5528—7

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE

[illegible]

MARINA NICHOLAEVNA [illegible]

MARINA NICHOLAEVNA [illegible]

[illegible], RUSSIA

[illegible] VASILYEVNA [illegible]

[illegible]

629 [illegible] RICHARDSON [illegible]

8-12-64

Mrs. Marina [illegible]

OFFICIAL RECORD FOR SOCIAL SECURITY NUMBER 467 82 4034 PRINTED ON 071978

FORM 1 APPL/CYCLE 08 64 ENTRY 0 REF# 65163940518

NAME LINE MARINA NICHOLAEVNA OSWALD 243

SIGNATURE CODE S
BIRTH DATE 0717941 SEX 2 RACE 1

MOTHER CLAUDIA V PROOSAKOVA FATHER NICHOLAI UNKNOWN
BIRTHPLACE ARCHANGEL UR*

REQ BY BR 032 SEC UNIT CLERK 00827 DATE 195 PAGE 1 OF 3

OFFICIAL RECORD FOR SOCIAL SECURITY NUMBER 467 82 4034 PRINTED ON 071978

DO IRS FORM 2 APPL/CYCLE 121175 ENTRY 2 REF# 75165960637

NAME LINE MARINA NIKOLAEVNA PORTER 636
2ND NAME MARINA NIKOLAEVNA OSWALD 243

SIGNATURE CODE S
BIRTH DATE 0717941 SEX 2 RACE 0

MOTHER KLAVDIA PROOSAKOVA FATHER ALEXANDR MEDVEDEV
BIRTHPLACE ARCHANGEL UR*

REQ BY BR 032 SEC UNIT CLERK 00827 DATE 195 PAGE 2 OF 3

OFFICIAL RECORD FOR SOCIAL SECURITY NUMBER 467 82 4034 PRINTED ON 071978

DO COO FORM 8 APPL/CYCLE 011976 ENTRY 2 REF# 76010006538

NAME LINE M N PORTER 636
2ND NAME MARINA NIC OSWALD 243

SIGNATURE CODE D
BIRTH DATE 0717941 SEX 2 RACE 0

REQ BY BR 032 SEC UNIT CLERK 00827 DATE 195 PAGE 3 OF 3

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Bureau of Old-Age and Survivors Insurance

DALLAS, TEXAS
JAN 9 1964

Form approved.
Budget Bureau No. 72-R094.11.

APPLICATION FOR SURVIVORS INSURANCE BENEFITS *

(Do not write in this space)
Received
Dallas DO JAN 9 '64
JEL

All items on this form requiring an answer must be answered or marked "Unknown."

NOTICE.—Whoever (a) makes or causes to be made any false statement or representation of a material fact for use in determining the right to or the amount of any benefit, or in determining an individual's disability, under Title II of the Social Security Act, or (b) who, having received a payment for the use and benefit of another person, knowingly and willfully uses such payment for other than the person for whom it is received, is subject, under the Social Security Act, to a fine of not more than $1,000 or 1 year's imprisonment, or both.

Lee Harvey Oswald (Name of deceased wage earner or self-employed person) 433-54-3937 (Social security account number)

I, Marina N. Oswald (Full name of applicant), hereby apply for all insurance benefits payable to me under Title II of the Social Security Act, as amended, and to the children listed in item 14 below.

1. When was the deceased born? Month 10 Day 19 Year 39
2. In what State or foreign country did the deceased have his fixed, permanent home when he died? Texas
3. (a) Did the deceased ever serve in the military or naval service of the United States? ☒ Yes ☐ No
   If "Yes," answer (b).
   (b) Was the deceased in active service after September 7, 1939, and before January 1, 1957? ☒ Yes ☐ No
   If "Yes," answer (c) and (d).
   (c) Give dates of service during the period specified in (b) above 10/24/56 – 9/11/59
   (d) Has anyone (including the deceased) received, or does anyone expect to receive, from any Federal agency other than the Social Security Administration, a benefit based on the employment, military service, disability, or death of the deceased? ☐ Yes ☒ No
   If "Yes," name such person(s) ...
   List all such agencies ...
4. Did the deceased work in the railroad industry at any time on or after January 1, 1937? ☐ Yes ☒ No
5. Give the names and addresses of the deceased's employers during the 12 months before his death; if the deceased worked in agricultural employment, give this information for the year of death and the year before. (If self-employed, write "Self-employed.")

PLEASE DO NOT WRITE IN MARGIN

Name and Address of Employer	Work Began		Work Ended	
	Month	Year	Month	Year
1. Jaggers-Chiles-Stovall 522 Browder, Dallas	10	62	4	63
2. Wm. B. Reily Co. Inc. 640 Magazine, New Orleans, La.	5	63	7	63

cont.

6. If the deceased was self-employed last year or the year before, give:

Year	Kind of Trade or Business	Amount of Net Earnings
		☐ Less than $400 $400 or more ☐
		☐ Less than $400 $400 or more ☐

7. About how much did the deceased earn from employment and self-employment during the year in which he died? $ 2600.00
8. Give the following information about each marriage of the deceased, including his marriage to you.

Date and Place of Marriage(s)			To Whom Married	How Marriage Ended	Marriage Ended	
Month, Day, Year	City	State			Date	Place
4/30/61	Minsk, Belo Russia		Marina N. Proosakova	his death	11/24/63	Dallas Tex

9. What was your maiden name? Marina Nickolaevna Proosakova
10. When and where were you born? 7/17/41 (Month, day, and year) Severo Dvinsk, Russia (State or foreign country)

* This may also be considered an application for survivors benefits under Section 5 of the Railroad Retirement Act and for Veterans Administration payments under Title 38 USC., Veterans Benefits, Chapter 13 (which is, as such, an application for other types of death benefits under Title 38).

Form OA-C5

11. Indicate by (✓) whether your marriage to the deceased was performed by:

Clergyman or authorized public official ☒, or Other ☐ ____________ (Explain)

12. Were you married before your marriage to the deceased? ☐ Yes ☒ No

If "Yes," give the following information about each of your previous marriages.

Date and Place of Marriage(s)			To Whom Married	How Marriage Ended	Marriage Ended	
Month, Day, Year	City	State			Date	Place

13. (*a*) Were you and the deceased living together at the same address when the deceased died? ☒ Yes ☐ No

(*b*) If either you or the deceased was away from home (whether or not temporarily) when the deceased died, give the following: which of you was away; date last home; reason absence began; reason you were apart at time of death; if hospitalized, name of hospital and nature of confinement He was last at home 11/22/63 when he left to go to work. We were not separated by marital difficulties; he was in police custody until his death.

14. Was the deceased survived by any unmarried children (including stepchildren, adopted, and illegitimate children): (*a*) who were under 18 years of age when he died; or (*b*) who were 18 years of age or older, with a disability that began before age 18? ☒ Yes ☐ No

If your answer is "No," leave out the next questions and continue with question 21.

If your answer to question 14 is "Yes," give the following information about each such child.

(If uncertain as to name, date of birth, or whereabouts of any of these children, explain under "Remarks" on last page.) Show relationship to you and the deceased by placing (✓) in the proper column.

Full Name of Child	Date of Birth			Relationship to Deceased				Relationship to You	
	Month	Day	Year	Legitimate	Adopted	Stepchild	Illegitimate	Natural or Adopted	Stepchild
June Lee Oswald	2	15	62	X				X	
Audrey Marina Rachel Oswald	10	20	63	X				X	

(If you are not filing this application on behalf of any child listed above, give under "Remarks" on last page the name of each such child and the reason(s) for not filing. If a child of the deceased is born after this application is filed, notify your office of the Social Security Administration promptly, as such child may receive benefits.)

15. Has any child listed in item 14 ever been adopted by anyone other than the deceased? ☐ Yes ☒ No

If "Yes," give the name of child, by whom adopted, and when ____________

16. (*a*) Were all the children listed in item 14 living with the deceased at time of death? ☒ Yes ☐ No

If "No," and the deceased was the FATHER or ADOPTING FATHER who died before September 1960, answer (b).

(*b*) Which of the children listed in item 14 were living with their STEPFATHER when the deceased died? ____________

17. Are all the children listed in item 14 now living with you? ☒ Yes ☐ No

If "No," give the following information about each child not living with you now.

Full Name of Child Not Living With You	Person With Whom Child Now Lives	
	Name and Address	Relationship to Child

18. Has a child listed in item 14 lived with you in every month since your husband's death? ☒ Yes ☐ No

If "No," list the months in which no such child lived with you ____________

PLEASE DO NOT WRITE IN MARGIN

19. Do you understand that all payments made to you on behalf of a child must be spent or saved for his use and benefit, and do you agree to so apply the benefits? ☒ Yes ☐ No

20. Do you agree to notify the Social Security Administration promptly when you no longer have responsibility for the welfare and care of any child for whom you are filing this application? ☒ Yes ☐ No

21. Have you or any children listed in item 14 married since the death of the deceased? ☐ Yes ☒ No

If "Yes," give name of person who married and date of marriage ....

22. Have you or any children listed in item 14 ever had a social security account number? ☐ Yes ☒ No

If "Yes," give the following information for each person having a number.

NAME OF PERSON AS SHOWN ON SOCIAL SECURITY CARD	SOCIAL SECURITY ACCOUNT NUMBER

23. Have you or any children listed in item 14 ever filed an application for social security benefits before? ☐ Yes ☒ No

If "Yes," give the name and account number of the person on whose earnings record such previous claim was based.

.... (Name of wage-earner or self-employed person) .... (Social security account number)

Answer questions 24 and 25 only if you are within 3 months of age 62 or older.

24. Were you in the active military or naval service of the United States after September 7, 1939, and before January 1, 1957? ☐ Yes ☐ No

25. Did you work in the railroad industry at any time on or after January 1, 1937? ☐ Yes ☐ No

Deductions are made from the benefits (other than disability benefits) of any person under age 72 who earns more than $100 a month in employment or renders substantial services in self-employment, and has earnings in excess of $1,200 for the taxable year.* This applies to all employment and self-employment, whether or not covered by the Social Security Act.

PLEASE DO NOT WRITE IN MARGIN

26. (*a*) Are you or any of the children for whom you are filing now earning more than $100 a month in employment or rendering substantial services in self-employment? ☐ Yes ☒ No

If "Yes," give the name of each such person ....

(*b*) Do you expect your total earnings or the total earnings of any child for whom you are filing to exceed $1,200 this year (count all earnings beginning with the first month of this year)? ☐ Yes ☒ No

If "Yes," give the name of each such person and the amount of his expected earnings. If "No," continue with question 27.

PERSON	EXPECTED EARNINGS
	$
	$

(*c*) Did every person listed in (*b*) earn more than $100 a month in employment or render substantial service in self-employment in all months of this year (counting the present month)? ☐ Yes ☐ No

If "No," give the name of each person and the months of this year in which the person did not earn more than $100 a month in employment and *did not render substantial services in self-employment. If any such person was self-employed, show the number of hours he devoted to self-employment opposite each month listed—if none, show "None."*

PERSON	MONTHS

* The yearly period referred to in this and subsequent items is the same 12-month period used in figuring income taxes. If you or any of the children use a fiscal year (one that does not end on December 31), enter here the name of such person and the month the fiscal year ends ....

Answer item 27 only if the deceased died before this year.

27. Did you or any child for whom you are filing earn more than $1,200 last year? ☐ Yes ☒ No

If "Yes," give the name of each such person, show his total earnings, and list the months of last year in which the person did not earn $100 a month in employment and did not render substantial services in self-employment. If any such person was self-employed, show the number of hours he devoted to self-employment opposite each month listed—if none, show "None." (Do not list any month before the month the deceased died.)

PERSON	EARNINGS	MONTHS
	$	
	$	

An annual report of earnings must be filed with the Social Security Administration within 3 months and 15 days after the end of any year in which you, while under age 72 at least one full month of that year, or any child for whom you are filing, earned more than $1,200. Also, your benefit is not payable for any month you do not have in your care a child of the deceased entitled to a child's benefit unless you are receiving benefits because you are a widow age 62 or over.

FAILURE TO REPORT THESE EVENTS MAY RESULT IN THE LOSS OF ADDITIONAL MONTHLY BENEFITS.

28. Do you agree to file the annual report of earnings when required? ☒ Yes ☐ No

29. Do you agree to notify the Social Security Administration promptly if you do not have an entitled child of the deceased in your care? ☒ Yes ☐ No

A widow's entitlement to benefits ends with *the month before the month* in which: (*a*) she remarries, with certain exceptions (however, all marriages must be reported); or (*b*) she is under age 62 and no child of the deceased is entitled to child's insurance benefits.

A child's entitlement to benefits ends with *the month before the month* in which the child: (*a*) attains age 18 (unless the child has a physical or mental impairment which began before age 18, is expected to be long-lasting, and prevents any substantial gainful activity); (*b*) dies; (*c*) marries, with certain exceptions where the child is disabled (however, all marriages must be reported); or (*d*) is legally adopted (unless the adoption is by the child's stepparent, grandparent, aunt, or uncle after the death of the parent on whose record the child's claim is based).

If the child is age 18 or over and is receiving benefits as a disabled child, his entitlement to benefits also ends with the second month after the month in which his disability ceases.

30. Do you agree to notify the Social Security Administration promptly if any of these events occur and to return promptly any check for benefits received by you if you or any of the children are not entitled to it? ☒ Yes ☐ No

REMARKS: (This space may be used for explaining any answers to the questions. If you need more space, attach a separate sheet.)

3. Texas School Book Depository 411 Elm, Dallas Tex 10/63 – 11/63

PLEASE DO NOT WRITE IN MARGIN

Knowing that anyone making a false statement or representation of a material fact for use in determining the right to or the amount of Federal old-age, survivors, or disability insurance benefits or in determining an individual's disability, commits a crime punishable under Federal law, I certify that the above statements are true.

If this application has been signed by mark (X), two witnesses who know the applicant must sign below, giving their full addresses.

1. ______ (Name)
______ (Street and number)
______ (City) (Zone number) (State)

2. ______ (Name)
______ (Street and number)
______ (City) (Zone number) (State)

Signature of applicant (*Write in ink*):

Sign Here → Marina N. Oswald
(First name) (Middle initial) (Last name)

PO Box 1407
(Street and number)

Grand Prairie Tex 75050
(City) (Zone number) (State)

Telephone number at which I can be reached:
~~DA7-6569~~ DA 7-0188
(If none, write "None.")

Date:
X
(Month) (Day) (Year)

U.S. GOVERNMENT PRINTING OFFICE : 1961 OF—588338

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY: Dallas	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: Texas b. COUNTY: Dallas
b. CITY OR TOWN (If outside city limits, give precinct no.): Dallas — c. LENGTH OF STAY in 1b: 13 Mo.	c. CITY OR TOWN (If outside city limits, give precinct no.): Dallas
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION: Parkland Hospital	d. STREET ADDRESS (If rural, give location): 1026 N. Beckley
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐	e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐ — f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print)	(a) First: Lee	(b) Middle: Harvey	(c) Last: Oswald	4. DATE OF DEATH: November 24, 1963
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: October 19, 1939	9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Printing, Book, Sheet Metal	11. BIRTHPLACE (State or foreign country): New Orleans, La		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Robert Edward Lee Oswald		14. MOTHER'S MAIDEN NAME: Margeruite Claverie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 10-1956 9-1959	16. SOCIAL SECURITY NO.: 433-54-3937	17. INFORMANT: Robert L Oswald		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hemorrhage, secondary to
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): a gunshot wound of the chest.
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: approx 45 minutes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.): Deceased shot at close range while officers were in process of transferring him from city to county jail.

20c. TIME OF INJURY: Hour 11:25 a.m. Month 11 Day 24 Year 63

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.): City Hall

20f. CITY, TOWN, OR LOCATION: Dallas — COUNTY: Dallas — STATE: Texas

21. I hereby certify that I ~~attended the deceased from~~ held inquest 19 — to on 11-24-63 and last ~~saw the deceased alive~~ on 19. Death occurred at 12:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Pierce McBride (Degree or title) J.P. — 22b. ADDRESS: 510 Courthouse — 22c. DATE SIGNED: 12-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify): ~~XXXXXX~~ REMOVAL	23b. DATE: November 25, 1963	23c. NAME OF CEMETERY OR CREMATORY: Rose Hill Burial Park
23d. LOCATION (City, town, or county): Fort Worth	(State): Texas	24. FUNERAL DIRECTOR'S SIGNATURE: Paul J Groody #3775 — Miller Funeral Home, Ft Worth, Texas
25a. REGISTRAR'S FILE NO.: 6717	25b. DATE REC'D BY LOCAL REGISTRAR: DEC 6 1963	25c. REGISTRAR'S SIGNATURE: J.W. Bass BY Maurine Larmon ACTING REGISTRAR

VS-112 REV. 1/58 — TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

020

DALLAS, TEXAS Jan. 2, 1964

I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF DEATH CERTIFICATE OF ONE Lee Harvey Oswald AS IS RECORDED IN THIS OFFICE IN THE CITY OF DALLAS, COUNTY OF DALLAS, STATE OF TEXAS.

J.W. Bass

BY Maurine Larmon

ACTING REGISTRAR - VITAL STATISTICS
DALLAS, TEXAS

TRANSLATION

NAME OF INSURED INDIVIDUAL

SOCIAL SECURITY ACCOUNT NUMBER
433-54-3937

TRANSLATING OFFICE
Social Security Administration

A. REQUEST FOR ASSISTANCE
(Complete only if document is sent to another office for translation.)

1. DATE: 1/23/64
2. LANGUAGE OF DOCUMENT: RUSSIAN
3. PERSON(S) FOR WHOM PROOF SUBMITTED: *(If married woman give maiden name)*
4. FACT(S) TO BE PROVED:
5. ALLEGED DATE EVENT IN ITEM A-4 OCCURRED:

B. TRANSLATION
(To be filled out by official translator)

1. TYPE OF DOCUMENT:	2. DATE EVENT RECORDED, IF SHOWN:	3. DATE DOCUMENT ISSUED:
Marriage Certificate	4/30/61	4/30/61

4. TITLE OF OFFICER EXECUTING DOCUMENT:	5. NAME OF ISSUING AGENCY:
Bureau Manager (Chief)	Bureau of Registration of Citizens Statistics, Minsk, Dist Lenin

6. Does this document appear to be genuine and unaltered, and to have been made at the time purported? . . . . ☐ YES ☐ NO
7. Is Foreign Service post verification stamp shown on document . . . . ☐ YES ☐ NO
8. Describe and explain any irregularities in document:

9. The document, which is in the ____________ language, contains the following pertinent information:

Citizen: Oswald, Lee Harvey, born 10/18/39 in New Orleans

and

Citizen: Prycanova, Marina Nikolaevna, born July 17, 1941 in Molotovsk, Dist. Arkhangelsk

were married on April 30, 1961

Reg. No. 415 Cert. No. 332281

REQUESTING OFFICE:
Social Security Administration

SIGNATURE OF AUTHORIZED TRANSLATOR
George Kotishen

TITLE
[illegible]

DATE
1/23/64

Marriage Certificate

СВИДЕТЕЛЬСТВО О БРАКЕ

Грамадзянін
Гражданин Освальд
(прозвішча — фамилия)

Ли Харвей
(імя і імя па бацьку — имя и отчество)

1939 года нараджэння 18/X
года рождения

гор. Новый Орлеан
(месца нараджэння — место рождения)

І грамадзянка
и гражданка Прусакова
(прозвішча — фамилия)

Марина Николаевна
(імя і імя па бацьку — имя и отчество)

1941 года нараджэння 17/VII
года рождения

гор. Молотовск
(месца нараджэння — место рождения)

Архангельской

уступілі ў шлюб 30 апреля 1961 г.
вступили в брак (прописью год, месяц и число)

тысяча девятьсот
(прописью год, месяц и число)

шестьдесят первого

года

аб чым у кнізе запісаў актаў грамадзянскага стану аб шлюбе
о чем в книге записей актов гражданского состояния о браке
1961 года апреля месяца 30 числа
года месяца числа
зроблены адпаведны запіс за
произведена соответствующая запись за № 115

Пасля рэгістрацыі шлюбу прысвоены прозвішчы:
После регистрации брака присвоены фамилии:
мужу Освальд
жене Освальд

Месца рэгістрацыі гор. Минск
Место регистрации (назва і месцазнаходжанне бюро ЗАГС)
ЗАГС Ленинского
(наименование и местонахождение бюро ЗАГС)
района

Дата выдачы 30 апреля 1961 г.

І-ПЯ № 332281

Загадчык бюро запісаў актаў грамадзянскага стану
Заведующий бюро записей актов гражданского состояния
[signature]

[Stamp:] Ленинский [illegible] Райсовета депутатов трудящихся г. Минска, бюро записи актов гражданского состояния

The original document, of which this is a photocopy, appears to be genuine and unaltered and to have been made at the time purported.

Signature____________________

Date__________ Title__________

This is a true copy of a document held as evidence by the Federal Bureau of Investigation and examination of the original document by the F.B.I. Laboratory discloses no evidence of alteration.

Wallace R. Heitman
Special Agent FBI
Dallas, Texas

Белорусское из.
Гознак. 1959.

Белорусская ССР – Беларуская ССР

СВИДЕТЕЛЬСТВО О БРАКЕ

TRANSLATION

NAME OF INSURED INDIVIDUAL

SOCIAL SECURITY ACCOUNT NUMBER
433-54-3937

TRANSLATING OFFICE
Social Security Administration

A. REQUEST FOR ASSISTANCE
(Complete only if document is sent to another office for translation.)

1. DATE: 1/23/64
2. LANGUAGE OF DOCUMENT: RUSSIAN
3. PERSON(S) FOR WHOM PROOF SUBMITTED: *(If married woman give maiden name)*
4. FACT(S) TO BE PROVED:
5. ALLEGED DATE EVENT IN ITEM A-4 OCCURRED:

B. TRANSLATION
(To be filled out by official translator)

1. TYPE OF DOCUMENT: Birth Certificate
2. DATE EVENT RECORDED, IF SHOWN: 8/14/41
3. DATE DOCUMENT ISSUED: 7/14/61
4. TITLE OF OFFICER EXECUTING DOCUMENT:
5. NAME OF ISSUING AGENCY: Illegible*

6. Does this document appear to be genuine and unaltered, and to have been made at the time purported? . . . . ☐ YES ☐ NO
7. Is Foreign Service post verification stamp shown on document . . . . ☐ YES ☐ NO
8. Describe and explain any irregularities in document:

9. The document, which is in the ______ language, contains the following pertinent information:

Name: Prycanova, Marina Nikolaevna was born (Mo. illegible) 17, 1941 (month appears to be July or June)
Place of Birth: (City Illegible), District Arkhangelsk, RSFSR
Father: (Illegible)
Mother: (")

Reg. No. 1285 Cert No. (Illegible)

REQUESTING OFFICE:
* Document shows official Soviet ZACS bureau stamp.
Social Security Administration

SIGNATURE OF AUTHORIZED TRANSLATOR
Geo. Rotislron

TITLE
Cl Auth Tr

DATE
1/23/64

GPO : 1962 O - 648770

Marina's
Birth Certificate

Гр. Марина [illegible]

род... [illegible]

национальность [illegible]

М: [illegible]

мест... р... [illegible]

р... [illegible]

респу... [illegible]

о чем в [illegible]

о рожд... [illegible]

14 ... числа произведена соответствующая запись

з... 1936

TRANSLATION

NAME OF INSURED INDIVIDUAL

SOCIAL SECURITY ACCOUNT NUMBER
433-54-3937

TRANSLATING OFFICE
Social Security Administration

A. REQUEST FOR ASSISTANCE
(Complete only if document is sent to another office for translation.)

1. DATE: 1/23/64
2. LANGUAGE OF DOCUMENT: Russian
3. PERSON(S) FOR WHOM PROOF SUBMITTED: *(If married woman give maiden name)*
4. FACT(S) TO BE PROVED: D/B
5. ALLEGED DATE EVENT IN ITEM A-4 OCCURRED:

B. TRANSLATION
(To be filled out by official translator)

1. TYPE OF DOCUMENT: Birth Certificate
2. DATE EVENT RECORDED, IF SHOWN: 2/25/62
3. DATE DOCUMENT ISSUED: 2/25/62
4. TITLE OF OFFICER EXECUTING DOCUMENT: Bureau manager (Chief)
5. NAME OF ISSUING AGENCY: Bureau of Registration of Citizen's Statistics Minsk, Dist. Lenin

6. Does this document appear to be genuine and unaltered, and to have been made at the time purported? . . . . ☐ YES ☐ NO
7. Is Foreign Service post verification stamp shown on document . . . . ☐ YES ☐ NO
8. Describe and explain any irregularities in document:

9. The document, which is in the ____________ language, contains the following pertinent information:

Family name: OSWALD
First Name: June
Patronymic: Lee
Born: February 15, 1962
Place of Birth: Minsk, White Russian SSR
Reg. No. 208

FATHER'S NAME: OSWALD, LEE HARVEY
FATHER'S NATIONALITY: American
MOTHER'S NAME: OSWALD, Marina NIKOLAEVNA
MOTHER'S NATIONALITY: RUSSIAN

(over)

REQUESTING OFFICE:
Social Security Administration

SIGNATURE OF AUTHORIZED TRANSLATOR
George Kotchalon

TITLE
Clerk T.

DATE
1/23/64

GPO : 1962 O - 648770

Place of Registration; Minsk, District Lenin
Office of Registration
Certificate No. 123610

June Lee Birth Certificate
433-54-3187

ПАСВЕДЧАННЕ АБ НАРАДЖЭННІ

СВИДЕТЕЛЬСТВО О РОЖДЕНИИ

Гр. Освальд
Гр. (прозвішча — фамилия)

Джун Ли
(імя і імя па бацьку — имя и отчество)

нарадзіўся(лася) 15. II. 1962.
родился(лась) (прапісам і лічбамі год, месяц і чысло — прописью и цифрами год, месяц и число)

пятнадцатого февраля
тысяча девятьсот
шестьдесят второго года

Месца нараджэння дзіцяці: горад, сяло Минск
Место рождения ребенка: город, село

раён
район

вобласць, БССР
область

аб чым у кнізе запісаў актаў грамадзянскага стану аб нараджэнні
о чем в книге записей актов гражданского состояния о рождении

1962 года февраля месяца 25 числа
года месяца числа

зроблен адпаведны запіс за
произведена соответствующая запись за № 208.

БАЦЬКІ:
РОДИТЕЛИ:

Бацька Освальдо
Отец (прозвішча — фамилия)

Ли Харвей
(імя і імя па бацьку — имя и отчество)

нацыянальнасць американец
национальность

Маці Освальдо
Мать (прозвішча — фамилия)

Марина Николаевна
(імя і імя па бацьку — имя и отчество)

нацыянальнасць русская
национальность

Месца рэгістрацыі г. Минск
Место регистрации (назва і месцазнаходжанне бюро ЗАГС — наименование и местонахождение бюро ЗАГС)

Бюро ЗАГС
Ленинского р-на

Дата выдачы 25. февраля 1962 г.
Дата выдачи

М. П.

IV-ПЯ № 123610

3

Загадчык бюро запісаў актаў грамадзянскага стану
Заведующий Бюро записей актов гражданского состояния

[signature]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

CERTIFICATION OF CONTENTS OF DOCUMENT(S) OR RECORD(S)

(This form must be executed by an authorized employee of the Social Security Administration)

Name of wage earner or self-employed person	Social security account number
Lee Harvey Oswald	433-54-3937

Every item in a block must be filled out with exact excerpts from the paper certified or the item must be marked "not shown." If the date on which an entry was made in a family record is "not shown," indicate under "Remarks" any allegation as to when the document or record was established. CROSS OUT ALL UNUSED SPACES.

A. AGE (OR RELATIONSHIP) OF:

1. Name of Person as Shown on Evidence: Audrey Marina Rachel Oswald
Born: 10/20/63 — Age: ns — Birthday at Which Age Shown: ☐ Last ☐ Nearest ☐ Next ☒ Not Given — Date Recorded: ns
Name of Father: Lee H. Oswald ☐ Not Shown — Age: ns — Name of Mother: Marina Nichalaevna Prossakova ☐ Not Shown — Age: ns
Person Having Custody, Relationship to Applicant, and Address: ☒ Applicant — Nature of Evidence: Cert. of Birth Reg.
Name and Address of Issuing Agency *(If certifying from a Bible, give date of publication)*: BVS, Dallas, Tex ☐ Custodian — Document No.: 19133

2. Name of Person as Shown on Evidence: — Born: — Age: — Birthday at Which Age Shown: ☐ Last ☐ Nearest ☐ Next ☐ Not Given — Date Recorded:
Name of Father: ☐ Not Shown — Age: — Name of Mother: ☐ Not Shown — Age:
Person Having Custody, Relationship to Applicant, and Address: ☐ Applicant — Nature of Evidence:
Name and Address of Issuing Agency *(If certifying from a Bible, give date of publication)*: ☐ Custodian — Document No.:

3. Name of Person as Shown on Evidence: — Born: — Age: — Birthday at Which Age Shown: ☐ Last ☐ Nearest ☐ Next ☐ Not Given — Date Recorded:
Name of Father: ☐ Not Shown — Age: — Name of Mother: ☐ Not Shown — Age:
Person Having Custody, Relationship to Applicant, and Address: ☐ Applicant — Nature of Evidence:
Name and Address of Issuing Agency *(If certifying from a Bible, give date of publication)*: ☐ Custodian — Document No.:

4. Name of Person as Shown on Evidence: — Born: — Age: — Birthday at Which Age Shown: ☐ Last ☐ Nearest ☐ Next ☐ Not Given — Date Recorded:
Name of Father: ☐ Not Shown — Age: — Name of Mother: ☐ Not Shown — Age:
Person Having Custody, Relationship to Applicant, and Address: ☐ Applicant — Nature of Evidence:
Name and Address of Issuing Agency *(If certifying from a Bible, give date of publication)*: ☐ Custodian — Document No.:

B. MARRIAGE OF:

Name of Husband as Shown on Evidence: — No. of Previous Marriages (1, 2, etc.) ☐ Not Shown — Born: — Age: — Birthday at Which Age Shown: ☐ Last ☐ Nearest ☐ Next ☐ Not Given
Name of Wife as Shown on Evidence: — No. of Previous Marriages (1, 2, etc.) ☐ Not Shown — Born: — Age: — Birthday at Which Age Shown: ☐ Last ☐ Nearest ☐ Next ☐ Not Given
Nature of Evidence: ☐ Marriage Certificate — Place of Marriage:
Person Having Custody, Relationship to Applicant, and Address: ☐ Applicant — Date of Marriage:
Name and Address of Issuing Agency *(If certifying from a Bible, give date of publication)*: ☐ Custodian — Document No.:

Form OA-C704
(6-62)

(OVER)

DEPARTMENT OF HEA[illegible] [illegible]UCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRA[illegible]
Bureau of Old-Age and Survivo[illegible]

CERTIFICATION BY UNIFORMED SERVICES

The information requested below is for use in connection with a claim for social security benefits based at least in part on active service in the armed forces after September 7, 1939.

~~Mxxxxxx~~ Thomas C. Parrott ~~Director~~ Date 1/24/64

FROM: Social Security Administration
Division of Claims Policy
Entitlement Branch, Room 645
Baltimore, Md. 21235

PART I—TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

LAST NAME - FIRST NAME - MIDDLE NAME	DATE OF BIRTH	DATE OF DEATH	SOCIAL SECURITY NUMBER
Oswald, Lee Harvey	10/19/39	11/24/63	433-54-3937

BRANCH OF SERVICE / RATE OR RANK / SERIAL NO.	DATE(S) OF ENTRY INTO SERVICE	DATE(S) OF SEPARATION	PLACE(S) OF SEPARATION
Marine Corps; Serial No. 1653230	10/24/56	9/11/59	

Part II ☒ . . . Part III ☐ below to be completed by the service department

REMARKS:

PART II—SERVICE DEPT. CERTIFICATION ABOUT ACTIVE SERVICE AFTER SEPTEMBER 7, 1939.

1. DATE(S) OF ENTRY INTO ACTIVE SERVICE: 24Oct56

2. DATE(S) OF SEPARATION FROM ACTIVE SERVICE: 11Sep59

3. CHARACTER OF SEPARATION(S) * (*If Bad Conduct,* INDICATE IF GIVEN AS A RESULT OF A *General* COURT MARTIAL): **Honorable**

*IF CHARACTER OF SEPARATION WAS NOT *Honorable, Under Honorable Conditions, Dishonorable,* NOR *Bad Conduct* AS A RESULT OF A *General* COURT MARTIAL, CHECK REASON FOR SEPARATION BELOW:

a. ☐ DESERTION.
b. ☐ RESIGNATION FOR THE GOOD OF THE SERVICE *(Officers Only).*
c. ☐ CONSCIENTIOUS OBJECTOR WHO REFUSED TO WEAR THE UNIFORM OR OTHERWISE TO COMPLY WITH LAWFUL ORDERS OF COMPETENT MILITARY AUTHORITY.
d. ☐ CONVICTION BY A CIVIL COURT FOR TREASON, SABOTAGE, ESPIONAGE, MURDER, RAPE, ARSON, BURGLARY, ROBBERY, KIDNAPPING, ASSAULT WITH INTENT TO KILL, ASSAULT WITH A DANGEROUS WEAPON, OR OF AN ATTEMPT TO COMMIT ANY OF THESE CRIMES.
e. ☐ NONE OF THE ABOVE.

4. *If period of service was less than 90 days,* WAS INDIVIDUAL DISCHARGED OR RELEASED FROM ACTIVE SERVICE AS RESULT OF INJURY OR DISABILITY INCURRED OR AGGRAVATED IN SERVICE IN LINE OF DUTY?
☐ YES ☐ NO

5. IF A PERIOD OF SERVICE HAD AN ENTRY DATE AFTER 12/31/46 AND BEFORE 12/16/50, BY WHICH OF THE FOLLOWING WAS ENTRY EFFECTED?
☐ INDUCTED ☐ CALLED FROM INACTIVE SERVICE ☐ ENLISTED ☐ RE-ENLISTED ☐ COMMISSIONED

PART III—SERVICE DEPT. CERTIFICATION ABOUT RETIRED OR RETAINER PAY (See instructions on reverse side)

IF THE VETERAN WAS NEVER RETIRED or TRANSFERRED TO THE FLEET RESERVE, check this box. . . . ☐
Sign and return the form without answering items 1, 2 and 3 below.

1. (a) Was this veteran an enlisted member of the Army, Air Force, Navy, Marine Corps, or Coast Guard and retired after September 15, 1940, and before October 1, 1949, because of disability? ☐ Yes ☐ No
   (b) Was this veteran ever retired or transferred to the Fleet Naval (or Marine Corps) Reserve after September 15, 1940, for any reason other than disability which is the proximate result of the performance of active duty? ☐ Yes ☐ No
   If answer to 1 (a) or 1 (b) is "Yes," answer (c) and (d).
   (c) Was active service after September 15, 1940, and before July 25, 1947, used to establish eligibility to receive retirement or retainer pay? ☐ Yes ☐ No
   (d) Was active service after July 24, 1947, and before January 1, 1957, used to establish eligibility to receive retirement or retainer pay? ☐ Yes ☐ No
2. (a) Has the retirement (or retainer) pay of this individual ever been fixed under a formula which includes a multiple of active service? ☐ Yes ☐ No
   If answer is "Yes," answer (b) and (c).
   (b) Was this multiple increased because of active service occurring after September 15, 1940, and before July 25, 1947? ☐ Yes ☐ No
   (c) Was this multiple increase because of active service occurring after July 24, 1947, and before January 1, 1957? ☐ Yes ☐ No
3. Did the veteran have active duty or active duty for training after December 31, 1956? ☐ Yes ☐ No

REMARKS BY CERTIFYING AGENCY:

Served in an inactive status in the Marine Corps Reserve from 12Sep59 to 13Sep60 when discharged as Undesirable.

☐ CONTINUED ON REVERSE SIDE

ORGANIZATION Records Service Section
Hq. U. S. Marine Coprs

SIGNATURE W C Keene

DATE 27Jan64

RANK OR TITLE Head of Section

Form OA-C654
(2-61)

INSTRUCTIONS

This form requests information to permit the Social Security Administration to determine whether the veteran had active military or naval service during World War II (September 16, 1940–July 24, 1947) or post-World War II (July 25, 1947–December 31, 1956) for which military service wage credits may be granted.

The duplicate copy of this form should be kept in the veteran's military file. If there is ever a subsequent change made in the service or retirement record which affects the information furnished on this form, the Social Security Administration should be advised accordingly.

PART I—The items identifying the veteran are completed by the requesting Social Security Administration office shown in the upper right corner of the form. That office will also check block(s) after "Part II" and/or "Part III" to show the type of information being requested.

... items in Part II are to be com-

A-5951 Lee Harvey ...

...Telecom. with Marine Corps 1/24/64 and attached OA-C654 completed 1/27/64.

Attached OA-C654 reflects DWE's honorable active service 10/24/56 - 9/11/59 which confirms telecom. with Marine Corps (W. C. Keene, Record Service Section, Hdqs. Marine Corps, Washington, D.C.) on 1/24/64. The DWE's discharge as Undesirable was from his inactive status in the Marine Corps Reserve from 9/12/59 to 9/13/60, which discharge did not affect the character of separation from earlier service.

MS wage credits for 10/56 - 12/56 are <u>not</u> precluded by type of discharge from later period of service. See CM 1823.

L Benning
Lorene B. Benning
Claims Policy Examiner

This Act does not apply since military service is not required for insured status and benefits were computed based on non-military service in 1962 and 1963.
Walter D. Rabenstein
Claims Policy Examiner

DEPARTMENT OF THE NAVY
NAVY DISCHARGE REVIEW BOARD
WASHINGTON 25, D. C.

IN REPLY REFER TO
EXOS:QB(33)
JAP:gjo

JUL 25 1963

Mr. Lee H. Oswald
P. O. Box 30061
New Orleans, La.

Dear Mr. Oswald:

The review of your discharge has been completed in accordance with the regulations governing the procedures of this Board. Careful consideration was given to the evidence presented in your behalf as well as that contained in your official records. The Secretary of the Navy has reviewed the proceedings of the Board.

It is the decision that no change, correction or modification is warranted in your discharge.

Sincerely yours,

D. W. BOWMAN
Captain, USN
President
Navy Discharge Review Board

250

Encls: Original Discharge Certificate.
Two (2) letters dated 31 Jan 1962, 13 Nov 1961.
Information on Reenlistment

Service Discharge

LEGEND: Insert N/A to the items below which are not applicable.

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME: OSWALD, Leo Harvey
2. SERVICE NUMBER: 1653230
3a. GRADE, RATE OR RANK: PFC (E-2)
b. DATE OF RANK (Day, Month, Year): 1Mar59
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: USMC
5. PLACE OF BIRTH (City and State or Country): New Orleans, Louisiana
6. DATE OF BIRTH: DAY 18 MONTH Oct YEAR 39
7a. RACE: Caucasian
b. SEX: Male
c. COLOR HAIR: Brown
d. COLOR EYES: Grey
e. HEIGHT: 71"
f. WEIGHT: 150
8. U.S. CITIZEN: [X] YES [ ] NO
9. MARITAL STATUS: Single
10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED: High School - 1
b. MAJOR COURSE OR FIELD: Academic

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE: Transferred to Marine Corps Reserve
b. STATION OR INSTALLATION AT WHICH EFFECTED: H&HS, MCAS, El Toro, (Santa Ana), California
c. REASON AND AUTHORITY: 226-Dependency. Par 10273 MARCORMAN & MCO 1900.2B & CG 3dMAW's 5th End of 31Aug59
d. EFFECTIVE DATE: DAY 11 MONTH Sep YEAR 59
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: MACS-9, MWHG, 3dMAW, AirFMFPac, MCAS, ElToro (SantaAna) California
13a. CHARACTER OF SERVICE: HONORABLE
b. TYPE OF CERTIFICATE ISSUED: DD-217-MC

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER: N/A
15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE: N/A
16. DATE INDUCTED: DAY — MONTH N/A YEAR —

17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: MARTC NAS, Glenview, Illinois

18. TERMINAL DATE OF RESERVE OBLIGATION: DAY 8 MONTH Dec YEAR 62
19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION
a. SOURCE OF ENTRY: [X] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [ ] REENLISTED [ ] OTHER:
b. TERM OF SERVICE (Years): 3
c. DATE OF ENTRY: DAY 24 MONTH Oct YEAR 56
20. PRIOR REGULAR ENLISTMENTS: NONE
21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE: Private
22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): Dallas, Texas
23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State): 4936 Collinwood Street, Fort Worth, Tarrant, Texas
25a. SPECIALTY NUMBER AND TITLE: 6741: AvnElectronic Operator
b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER: Radio Operator 0-61.30

24. STATEMENT OF SERVICE

		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	2	9	3
	(2) OTHER SERVICE	0	0	0
	(3) TOTAL (Line (1) + line (2))	2	9	3
b. TOTAL ACTIVE SERVICE		2	9	3
c. FOREIGN AND/OR SEA SERVICE		1	2	[illegible]

SERVICE DATA

26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: NONE

27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): NONE

... AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED | 28. OTHER ...

8 | DEC | 62

SERVICE DATA

20. PRIOR REGULAR ENLISTMENTS: NONE

21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE: Private

22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): Dallas, Texas

23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State):
4936 Collinwood Street
Fort Worth, Tarrant, Texas

24. STATEMENT OF SERVICE

		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	2	9	3
	(2) OTHER SERVICE	0	0	0
	(3) TOTAL (Line (1) + line (2))	2	9	3
b. TOTAL ACTIVE SERVICE		2	9	3
c. FOREIGN AND/OR SEA SERVICE		1	2	24

25a. SPECIALTY NUMBER AND TITLE: 6741: AvnElectronic Operator

b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER: Radio Operator 0-61.30

26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: NONE

27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): NONE

28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

SCHOOL OR COURSE a	DATES (From - To) b	MAJOR COURSES c
Jacksonville, Florida	18Mar57-3May57	AvnFundamentalCl"P"Scol
Biloxi, Mississippi	4May57 19Jun57	AC&WOperCrse

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: USAFI GED HSLow

VA DATA

30a. GOVERNMENT LIFE INSURANCE IN FORCE: ☐ YES ☒ NO

b. AMOUNT OF ALLOTMENT: N/A

c. MONTH ALLOTMENT DISCONTINUED: N/A

31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type): NONE

b. VA CLAIM NUMBER: C- N/A

32. REMARKS

Lump sum leave settlement due but not settled
Mileage paid: $91.56
Recommended for Reenlistment.
Time lost current active duty: Forty-five (45) days
Periods in a non-pay status: From 29Jun58 to 12Aug58
Good Conduct Medal period commences 27Jun58 (1st Award)
Total payment on separation: $132.30 (9/11/59)

AUTHENTICATION

33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State): 3124 W. 5th Street, Fort Worth, Tarrant, Texas

34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: Lee Harvey Oswald

35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER: A.G.AYERS Jr,1stLt USMCR Ass't OIC SepSec

b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: [signature]

DD FORM 1 NOV 55 214 — REPLACES EDITION OF 1 JUL 52 WHICH IS OBSOLETE

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

4 55-54-5 9 8 7

UNDESIRABLE DISCHARGE

FROM THE ARMED FORCES OF THE UNITED STATES OF AMERICA

THIS IS TO CERTIFY THAT

PRIVATE FIRST CLASS LEE HARVEY OSWALD 1653230

WAS DISCHARGED FROM THE

UNITED STATES MARINE CORPS

ON THE 13th DAY OF SEPTEMBER 1960

AS UNDESIRABLE

M G Letscher

M. G. LETSCHER, FIRST LIEUTENANT, USMC

DD 256 MC

16—62083-3

ity for discharge

l at ______ on the ______ day of

______, 19__, to serve __ years

s service

ld on discharge ______
(Date of ......)

y occupational specialty ______ ww

(sea, foreign, battles, engagements, expeditions) ______

number

ation

f discharge

y that the above is correct according to the service records.

, NAS, GLENVIEW, ILL. 26 Sep 60
non-delivery of Discharge
(address unkown)
[signature] By direction

U. S. GOVERNMENT PRINTING OFFICE 16—63082-2

Form OA-C591
(8-58)

UNIT DESTINATION	
☐ ADJ	☐ COR
☐ CC	☐ CR
☐ CL	☐ DR

INCOMING CORRESPONDENCE ASSIGN

(MAIL AND DISTRIBUTION SUBUNIT)

Referred to ....

Received by ....

Searcher ....

Final disposition ....

REMARKS: ....

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

Form Approved
Budget Bureau
No. 72-R597.1

CLAIMANT'S REPORT TO SOCIAL SECURITY ADMINISTRATION

PRINT NAME OF PERSON ABOUT WHOM REPORT IS MADE

Marina Oswald

SOCIAL SECURITY CLAIM NUMBER

433-54-3937 E, C1, 2

Fill in Only the Item(s) being reported.

1. CHANGE OF ADDRESS. (Fill in new address at bottom.)
   Check if change is for: ☒ more than 6 months ☐ 6 months or less
   To avoid delay in receipt of checks you should also file a regular change of address notice with your local post office.
2. MARRIAGE .... Enter date of marriage
   Show new name
3. DEATH .... Enter date of death
4. DIVORCE OR ANNULMENT OF MARRIAGE (of spouse beneficiary from insured individual) .... Enter date decree final
5. CHILD OR OTHER CLAIMANT LEFT YOUR CARE .... Enter date child left your care
6. CHILD LEGALLY ADOPTED BY .... Enter date of adoption
   ☐ Stepparent ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Other
7. WORK OUTSIDE THE UNITED STATES:
   I was employed or self-employed outside the United States beginning with the month of .... Month and Year

SIGNATURE of person making this report

Marina Oswald

Date signed

March 27, 1964

P.O. Box or Street

629 Belt Line

City / Zone No. / State

Richardson, Tex. 75080

FORM OA-C668 (10-62)

GPO : 1962 OF—663532

Form OA-C591
(2-64)

UNIT DES'
☐ PES
☒ CC
☐ CAS

INCOMING CORRESPONDEN

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved.
Budget Bureau
No. 72-R597.2

CLAIMANT'S REPORT TO SOCIAL SECURITY ADMINISTRATION

PRINT NAME OF PERSON OR PERSONS ABOUT WHOM REPORT IS MADE

MARINA N. OSWALD

SOCIAL SECURITY CLAIM NUMBER(S)

433-54-3937-E

Fill in Only the Item(s) being reported.

1. CHANGE OF ADDRESS. (Fill in new address at bottom.)
Check if change is for: ☒ more than 6 months ☐ 6 months or less
To avoid delay in receipt of checks you should also file a regular change of address notice with your local post office.

2. MARRIAGE .... Enter date of marriage
Show New Name

3. DEATH OF (Show Name) Enter date of death

4. DIVORCE OR ANNULMENT OF MARRIAGE (of spouse beneficiary from insured individual)........................ Enter date decree final

5. CHILD OR OTHER CLAIMANT LEFT YOUR CARE........................ Enter date child left your care
Show Given Name(s) of Person(s) Who Left:

6. GOING OUTSIDE THE U.S. Date of departure from U.S.A.
Name of country to which going
Given Name(s) of Person(s) Going

7. CHILD LEGALLY ADOPTED .... Enter date of adoption
Show Given Name(s) of Child(ren)

BY ☐ Stepparent ☐ Grandparent ☐ Aunt ☐ Uncle ☐ Other

SIGNATURE of person making this report
x Mrs. Marina Oswald

P.O. Box or Street
1245 DONNA DRIVE

City State Zip Code
RICHARDSON, TEXAS 75080

Enter name of county, if any, in which you live
DALLAS COUNTY

Date Signed
5-1-65

FORM OA-C 668 (6-63)

* GPO : 1963 OF—696-004

Form OA-C669
(11-60)

Form Approved.
Budget Bureau No. 72-R598

CLAIMANT'S REPORT ABOUT WORK TO SOCIAL SECURITY ADMINISTRATION

PRINT NAME OF PERSON ABOUT WHOM REPORT IS MADE
MARINA N. OSWALD

SOCIAL SECURITY CLAIM NUMBER
433-54-3937-E

Fill in Only the item being reported.

REPORT HERE IF YOU WORK
and expect to earn more than $1,200 during this taxable year.

I am working for wages of more than $100 (or rendering substantial services in self-employment) beginning with the month of. . → Month & Year: 9-64

Fill in both boxes

I estimate that my total earnings for this taxable year will be. . . . → Amount: $ 5,000

Your estimate will be used to schedule benefit payments to you during the year. At the end of the year an annual report of actual earnings is required, at which time adjustments, as necessary, will be made.

REPORT HERE IF YOU STOP WORKING
for wages of more than $100 a month (or rendering substantial services in self-employment).

The last month I worked for wages of more than $100 (or rendered substantial services in self-employment) was . . . . → Month & Year:

REPORT HERE TO REVISE AN ESTIMATE
of earnings you previously gave for this taxable year.

I estimate that my total earnings for this taxable year will be . → Amount*: $

*If $1,200 or less, show "$1,200 or less"

Your benefit payments will be rescheduled in line with the changes in your work activity reported above.

SIGNATURE of person making this report: Mrs. Marina Oswald
Date signed: Oct. 8, 1964.

P.O. Box or street: 629 BELT LINE ROAD

City / Zone No. / State: RICHARDSON, TEXAS 75080

GPO : 1960 O—572939

10.15.64

(2-64)

UNIT DESTINATION

☐ PES	☐ COR
☐ CC	☐ RECON
☐ CAS	☐ REC

INCOMING CORRESPONDENCE ASSIGNMENT RECORD

(MAIL AND DISTRIBUTION S...)

Referred to ....

Received by ....

Searcher ....

Final disposition ....

REMARKS: ....

...nit ....

...ate ....

...osition ....

U.S. GOVERNMENT PRINTI...

REPORTING CARD

Form Approved. Budget Bureau No. 72-R597.3

PRINT NAME OF PERSON OR PERSONS ABOUT WHOM REPORT IS MADE

Marina N. Porter

ENTER SOCIAL SECURITY CLAIM NUMBER IN THIS SPACE

433 54 3937

Check or fill in ONLY the information being reported.

1. ☒ CHANGE OF ADDRESS (Print new address at bottom)
   Check if change is for: ☐ More than 6 mos. ☐ 6 mos. or less

2. ☐ ...KING AND WILL EARN OVER $1,500 THIS YEAR:
   I... working for wages of more than $12... a month (or rendering substantial services in self-employment) beginning with the month of ...... MONTH AND YEAR
   Fill in both boxes
   I estimate that my total earnings for this taxable year will be .... AMOUNT $

3. ☐ STOPPING WORK:
   The last month I worked for wages of more than $125 (or rendered substantial services in self-employment) was ...... MONTH AND YEAR

4. ☒ SIGNIFICANT CHANGE IN ESTIMATE:
   I estimate that my total earnings for this taxable year will be ...... AMOUNT $ 0

NOTE: The work of beneficiaries who were over age 72 when the year began need not be reported.

5. ☐ DEATH ...... ENTER DATE OF DEATH

6. ☐ GOING OUTSIDE THE U.S.
   Name of country to which going — DATE GOING — DATE EXPECT TO RETURN

7. ☐ MARRIAGE
   Place of marriage (City, County & State) — DATE OF MARRIAGE

8. ☐ DIVORCE OR ANNULMENT. → DATE DECREE FINAL

9. ☐ CHILD LEGALLY ADOPTED BY
   ☐ Stepparent ☐ Brother or Sister
   ☐ Aunt or Uncle ☐ Grandparent
   ☐ Other
   ENTER DATE OF ADOPTION

10. ☐ CHILD OR OTHER CLAIMANT LEFT YOUR CARE ...... → ENTER DATE HE LEFT YOUR CARE

SIGNATURE OF PERSON MAKING THIS REPORT

Mrs. Marina N. Porter

NUMBER AND STREET, P.O. BOX, OR ROUTE

6448 Dunstan Lane

CITY Dallas STATE Texas ZIP CODE 75214

DATE SIGNED 5-4-66 TELEPHONE NUMBER, IF ANY EM 8 2177

ENTER NAME OF COUNTY, IF ANY, IN WHICH YOU LIVE

Dallas

FORM SSA-1425 (12-65) KC

433-54-3937 F

SOCIAL SECURITY ADMINISTRATION

ANNUAL REPORT OF EARNINGS - 1964

Please read enclosed INSTRUCTION leaflet carefully.

Form Approved
Budget Bureau
No. 72-R524.9
App. Exp. 12-31-66

NOTICE: Whoever makes a false statement in connection with this report is liable to a penalty.

PRINT NAME AND ADDRESS BELOW IF NOT ALREADY SHOWN, THEN ANSWER QUESTIONS ON OTHER SIDE.

MARIANA N OSWALD
629 BELT LINE RD
RICHARDSON TEX
75080

Please do not bend, pin or tear this card.

4. Answer only if you answered item 2d on other side. Show what work you did in connection with your business during each month for which you made an entry in item 2d. (Also explain if ownership of your business changed.)

MONTHS	HOURS OF WORK	WHAT WORK DID YOU DO?
		FR 01 / 2/27/67
SEPT	457	WRITER
OCT	457	"
NOV	457	"
DEC	457	"

EAC HIP 720

FORM OA-C777 (12-64) DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—SOCIAL SECURITY ADMINISTRATION

1. WERE YOU AN EMPLOYEE IN 1964?
- [ ] YES — If "yes" complete a & b
- [X] NO

a. Show amount of wages earned from January 1, 1964 through December 31, 1964 (gross wages before payroll deductions) . . . . $

b. Place "X" in box for each month, if any, in which you did NOT earn more than $100.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1	2	3	4	5	6	7	8	9	10	11	12

2. WERE YOU SELF-EMPLOYED IN 1964?
- [X] YES — If "yes" complete a, b, c & d
- [ ] NO

a. Show 1964 total receipts (farmers show gross profits) . . . . $ 40,935.05

b. Show 1964 net earnings (or loss) (if a loss, write "L" after the amount) . . . . $ 10,502.06

c. State kind of trade or business 9999

d. Place "X" in box for each month, if any, in which you believe you did NOT render substantial services in your business and complete item 4 on the other side.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1	2	3	4	5	6	7	8	9	10	11	12

(Jan–Aug crossed out with a large X)

3. DO YOU EXPECT TO EARN OVER $1,200 in 1965?
- [X] YES — If "yes" complete a & b
- [ ] NO

a. Show your expected total earnings for 1965. . . . . $ 5,000.00

b. Are you now EITHER working for wages of over $100 a month OR rendering substantial services in self-employment? [X] YES [ ] NO

DATE AND SIGN HERE	DATE	SIGNATURE	SOCIAL SECURITY CLAIM NUMBER
		X Mrs Marina N Oswald	435 54-3937 E

EAC HIP 720 BACK

Form OAC-5002
(1-64)

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

OFFICE: Dallas, Tex.

DATE: 1-10-64

W/E OR S/E PERSON: Lee Harvey Oswald

A/N: 433-54-3937

NAME AND ADDRESS OF PERSON(S) CONTACTED: Mr. Geo. R. Clower - Office Mgr. - Jaggars-Chiles-Stovall Inc. RI-1-5501

CONTACT MADE: IN PERSON ☐ TELEPHONE ☒

PLACE OF CONTACT: Dallas

I asked Mr. Clower to look at his copy of his 941 for 12/62. He did so and reported that he showed $727.81.

It is obvious that ~~the~~ the $636.50 appearing on the 794 for 1962 was another employer and therefore 1962 is one of the high years.

The reason the $727.81 did not get on the wage record is because the Jaggars Corporation used an inaccurate account number. They showed 433-54-3739 instead of 433-54-3937.

1/27/64 Jaggars Corp did report for Oswald for 12/62, 3/63, + 6/63 as they say, under wrong number. The employer reports show same amounts as on 1001.

E. J. O'Brien, Br. Chief, Policy Division, clear.

CONTACT MADE BY: Jesse [illegible] Carter (SIGNATURE)

Asst. Mgr. (TITLE)

(FOR CONTINUATION OF THIS REPORT, TURN PAGE. KEEP MARGINAL SPACE AT RIGHT FOR BINDING)

U. S. GOVERNMENT PRINTING OFFICE : 1958 O -486513

43_ 54-3937 E T

SOCIAL SECURITY ADMINISTRATION

ANNUAL REPORT OF EARNINGS - 1965

Please read enclosed INSTRUCTION leaflet carefully.

Form Approved
Budget Bureau
No. 72-R524.9
App. Exp. 12-31-66

NOTICE: Whoever makes a false statement in connection with this report is liable to a penalty.

PR NT NAME A D ADDRESS BELOW IF NOT ALREADY SHOWN, THEN ANSWER QUESTIONS N OTHER SIDE.

MAR NA N. [illegible]ALD
1245 DONNA DR
RICHARDSON TEX
 5080

Please do not bend, pin or tear this card.

4. Answer only if you answered item 2d on other side. Show what work you did in connection with your business during each month for which you made an entry in item 2d. (Also explain if ownership of your business changed.)

MONTHS	HOURS OF WORK	WHAT WORK DID YOU DO?
Jan		Writer
Feb		"
June		"
July		"

L. Brueck F 1984 4/23/66
PH 107
N. Franklin E-30-13
4/25/66

EAC H1P 2569

FORM OA-C[illegible] DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE—SOCIAL [illegible]

1. [ARE] YOU AN EMPLOYEE IN 1965?

[ ] YES — If "yes" complete a & b

[X] NO

a. Show amount of wages earned from January 1, 1965 through December 31, 1965 (gross wages before payroll deductions) .... $

b. Place "X" in box for each month, if any, in which you did NOT earn more than $100.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1	2	3	4	5	6	7	8	9	10	11	12

2. WERE YOU SELF-EMPLOYED IN 1965?

[X] YES — If "yes" complete a, b, c & d

[ ] NO

a. Show 1965 total receipts from self employment (farmers show gross profits) . . . $ 5130.24

b. Show 1965 net earnings (or loss) from self-employment (if a loss, write "L" after the amount) .... $ 5130.24

c. State kind of trade or business — Writer

d. Place "X" in box for each month, if any, in which you believe you did NOT render substantial services in your business and complete item 4 on the other side.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		X	X	X			X	X			
1	2	3	4	5	6	7	8	9	10	11	12

3. DO YOU EXPECT TO EARN OVER $1,500 IN 1966?

[ ] YES — If "yes" complete a & b

[ ] NO

a. Show your expected total earnings for 1966 .... $ 0

b. Are you now EITHER working for wages of over $125 a month OR rendering substantial services in self-employment? [ ] YES [X] NO

DATE AND SIGNATURE →

DATE	SIGNATURE	SOCIAL SECURITY CLAIM NUMBER
4-5-66	Mrs. Marina N. Porter	467 82 4034

EAC H1P 2569 BACK

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration
Bureau of Old-Age and Survivors Insurance

Form approved.
Budget Bureau No. 72–R247.12

In replying, Address: Social Security Administration
3716 Rawlins St. P. O. Box 6556
Dallas, Texas 75219
Telephone RI 9-2885 RI 9-2991 Date 1/10/64

We have received an application for social security benefits based upon the wages paid to the individual named below. We need a statement of wages to process this claim. Your cooperation in promptly filling out and returning this statement will be appreciated. An envelope requiring no postage is enclosed for your use. (The filing of an application does not necessarily mean that a currently employed wage earner plans to quit working.)

JAGGARS-CHILES-STOVALL, INC.
522 S. BROWDER ST.
DALLAS TEXAS ~~75201~~ 75222

J. E. Dickenson
District Manager.

Enclosure.

STATEMENT OF EMPLOYER

PLEASE DO NOT WRITE IN MARGIN

This is to certify that wages in the amounts shown have been PAID during the calendar year(s) to—

1. LEE HARVEY OSWALD (Name of wage earner) 433-54-3937 (Social security account number)

Include the value of all remuneration before withholding of tax whether paid in cash or kind (but for services performed in a private home as a domestic, or in work not in the course of the employer's trade or business, show only the cash amount paid). If no wages were paid in the periods checked below, write "None"; if the amounts are unknown, write "Unknown." If you believe any of the amounts shown are not wages or any of the employment is not covered under the Social Security Act, outline your reasons under "Remarks" on the back of this form.

2. Period	Wages Paid Year 1962	Wages Paid Year 1963	Wages Paid Year 19	Wages Paid Year 19
January 1–March 31, inclusive	$ none	$ 945.69	$	$
April 1–June 30, inclusive	$ none	$ 121.67	$	$
July 1–September 30, inclusive	$ none	$ none	$	$
October 1–December 31, inclusive	$ 727.81	$ none	$	$

In item 3 below use specific terms such as file clerk, traveling or city salesman, maid, plumber, attorney, etc. In item 7 use specific terms such as radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.

3. EMPLOYEE'S OCCUPATION: Camera Dept.	7. NATURE OF BUSINESS: Typography
4. BUSINESS NAME OF EMPLOYER (Type or print): Jaggars-Chiles-Stovall, Inc.	8. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM: D L Malone
5. STREET ADDRESS OF EMPLOYER: 522 Browder St.	9. TITLE OF PERSON SIGNING ABOVE: Secretary-Treasurer
6. CITY STATE: Dallas, Texas	10. EMPLOYER'S FEDERAL IDENTIFICATION NO.: 75 0359250 — 11. DATE THIS STATEMENT FILLED OUT: 1-10-64

Form OAC-1001 (9-62)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
Bureau of Old-Age and Survivors Insurance

Form approved.
Budget Bureau No. 72–R247.12

3716 Rawlins St. In replying, Address: SOCIAL SECURITY ADMINISTRATION
P. O. Box 6556
Dallas, Texas 75219
RI 9-2885
Telephone RI 9-2991 Date 1/10/64

We have received an application for social security benefits based upon the wages paid to the individual named below. We need a statement of wages to process this claim. Your cooperation in promptly filling out and returning this statement will be appreciated. An envelope requiring no postage is enclosed for your use. (The filing of an application does not necessarily mean that a currently employed wage earner plans to quit working.)

TEXAS SCHOOL BOOK
DEPOSITORY
ELM AT HOUSTON
DALLAS, TEXAS

J. E. Dickenson
District Manager.

Enclosure.

STATEMENT OF EMPLOYER

This is to certify that wages in the amounts shown have been PAID during the calendar year(s) to—

1. LEE HARVEY OSWALD (Name of wage earner) 433-54-3937 (Social security account number)

Include the value of all remuneration before withholding of tax whether paid in cash or kind (but for services performed in a private home as a domestic, or in work not in the course of the employer's trade or business, show only the cash amount paid). If no wages were paid in the periods checked below, write "None"; if the amounts are unknown, write "Unknown." If you believe any of the amounts shown are not wages or any of the employment is not covered under the Social Security Act, outline your reasons under "Remarks" on the back of this form.

PLEASE DO NOT WRITE IN MARGIN

2. Period	Wages Paid Year 1963	Wages Paid Year 19	Wages Paid Year 19	Wages Paid Year 19
January 1–March 31, inclusive	$ NONE	$	$	$
April 1–June 30, inclusive	$ NONE	$	$	$
July 1–September 30, inclusive	$ NONE	$	$	$
October 1–December 31, inclusive	$ 261.68	$	$	$

In item 3 below use specific terms such as file clerk, traveling or city salesman, maid, plumber, attorney, etc. In item 7 use specific terms such as radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.

3. EMPLOYEE'S OCCUPATION: Order Clerk

7. NATURE OF BUSINESS: Text Books

4. BUSINESS NAME OF EMPLOYER (*Type or print*): Texas School Book Depository

8. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM: O. V. Campbell

5. STREET ADDRESS OF EMPLOYER: Elm at Houston Sts.

9. TITLE OF PERSON SIGNING ABOVE: Vice President

6. CITY: Dallas STATE: Texas

10. EMPLOYER'S FEDERAL IDENTIFICATION NO.: C75-0491330

11. DATE THIS STATEMENT FILLED OUT: 1-10-64

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration
Bureau of Old-Age and Survivors Insurance

Form approved.
Budget Bureau No. 72–R247.12

In replying, Address: SOCIAL SECURITY ADMINISTRATION
701 Loyola Avenue
New Orleans, La. 70113
Telephone 527-2551 Date 1/10/64

We have received an application for social security benefits based upon the wages paid to the individual named below. We need a statement of wages to process this claim. Your cooperation in promptly filling out and returning this statement will be appreciated. An envelope requiring no postage is enclosed for your use. (The filing of an application does not necessarily mean that a currently employed wage earner plans to quit working.)

William B. Reily Co., Inc
640 Magazine St
New Orleans La

Martha A McSteen
(Mrs.) Martha A. McSteen
District Manager.

Enclosure.

STATEMENT OF EMPLOYER

This is to certify that wages in the amounts shown have been PAID during the calendar year(s) to—

1. Lee H. Oswald (Name of wage earner) 433-54-3937 (Social security account number)

Include the value of all remuneration before withholding of tax whether paid in cash or kind (but for services performed in a private home as a domestic, or in work not in the course of the employer's trade or business, show only the cash amount paid). If no wages were paid in the periods checked below, write "None"; if the amounts are unknown, write "Unknown." If you believe any of the amounts shown are not wages or any of the employment is not covered under the Social Security Act, outline your reasons under "Remarks" on the back of this form.

2. Period	Wages Paid Year 1963	Wages Paid Year 19	Wages Paid Year 19	Wages Paid Year 19
January 1–March 31, inclusive	$ —	$	$	$
April 1–June 30, inclusive	$422.25	$	$	$
July 1–September 30, inclusive	$191.25 ✓	$	$	$
October 1–December 31, inclusive	$ —	$	$	$

In item 3 below use specific terms such as file clerk, traveling or city salesman, maid, plumber, attorney, etc. In item 7 use specific terms such as radio manufacturing, wholesale drugs, retail grocery store, physician's office, private home, etc.

3. EMPLOYEE'S OCCUPATION: oiler in plant

7. NATURE OF BUSINESS: Coffee Roasters

4. BUSINESS NAME OF EMPLOYER (Type or print): Wm B. REILY CO., Inc

8. WRITTEN SIGNATURE OF EMPLOYER OR AUTHORIZED EMPLOYEE OF FIRM: [signature] Controller

5. STREET ADDRESS OF EMPLOYER: 640 Magazine St

9. TITLE OF PERSON SIGNING ABOVE:

6. CITY: New Orleans STATE: La. 70130

10. EMPLOYER'S FEDERAL IDENTIFICATION NO.:

11. DATE THIS STATEMENT FILLED OUT: 1/10/64

PLEASE DO NOT WRITE IN MARGIN

Wage Earner Lee H. Oswald A/N 433-54-3937

Understanding that this statement is for the use of the Social Security Administration in the administration of the Social Security Act, Title II, I hereby certify that the following information is correct:

(1) Were the wages shown on the attached statement of employer reported to the Director of Internal Revenue?

✓ Yes   ___ No

(2) If wages were reported, please give date(s) reported and under what employer's name the report(s) was made:

Same, on regular Return

(3) If the wages were not reported, please give reason for failure to report:

1/10/64 Date

H. Hollandwein Controller Signature

Attachment to Form OAC-1001
NOLA-7/63

Form OA-C589

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

10-14-64

Always give Claim No. when writing about your claim: 433-54-3937-B

nowledged of the following:

DESCRIPTION OF REMITTANCE	AMOUNT	SCHEDULE NO.
·sonal check dated 10-6-64	37.50	OCT 15 1964 74

Forwarded by:

Mrs. Marina Oswald
629 Belt Line Road
Richardson, Texas 75080

ACKNOWLEDGED
OCT 15 1964
LL

Previous balance	$
Current remittance	$
Current balance	$
Next date for payment	

Form OAC-5002
(1-54)

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

OFFICE: Dallas, Texas

DATE: 1/16/64

W/E OR S/E PERSON: Lee Harvey Oswald

A/N: 433-54-3937

NAME AND ADDRESS OF PERSON(S) CONTACTED:

CONTACT MADE: IN PERSON ☐ TELEPHONE ☐

PLACE OF CONTACT:

We have requested scouting of the w/e's unposted 12/62 earnings from Jaggars-Chiles-Stovall, Inc. ~~We~~ have a 1001 showing w/e's correct earnings for this period, & we have also verified that these earnings were reported under an incorrect A/N. We are forwarding claim for adjudication without waiting for the scouting which we have requested. As soon as it is received, we will forward it to PC for association with w/e's file. We presume that these earnings will be located through scouting. However, if not, we will prepare 7010's. Results of this development will be forwarded for association with w/e's file. We will also ~~check~~ scout ~~on~~ 3/63 & 6/63 earnings from this er since (over) they are also pre-lag.

CONTACT MADE BY D. Lynde (SIGNATURE) Claims Rep. (TITLE)

(FOR CONTINUATION OF THIS REPORT, TURN PAGE. KEEP MARGINAL SPACE AT RIGHT FOR BINDING)

U. S. GOVERNMENT PRINTING OFFICE : 043 - 674592

MILITARY OCCUPATIONAL SPECIALTIES

DATE	PRIMARY MOS	ADDITIONAL MOS	TITLE OF MOS	AUTHORITY
25Jun57	6741	- - -	AvnElectronicsOper ✓	CMC Spd ltr DFJ-nad-12 of 27May57

EDUCATION

CIVILIAN

TYPE SCHOOL	MAJOR SUBJECT	NUMBER YEARS	GRAD. YES	GRAD. NO	YEAR LEFT SCHOOL
GRAMMAR SCHOOL		8	X		1956
HIGH SCHOOL	Acad	1		X	195
COLLEGE—UNIVERSITY					
TRADE—BUSINESS					

MILITARY

SCHOOL ATTENDED AND COURSE	NUMBER WKS.	YEAR COMPLETED	INCOMPLETE
✓ AvnFundScol JAX	6	1957	
✓ ACRWOperCrse Keesler AFB	6	1957	

CIVILIAN OCCUPATIONS

JOB TITLE (*Main occupation*): Office Boy

DOT NO.: 1-23.02 — YEARS EXPERIENCE: 4/12

DUTIES PERFORMED: Performed various clerical duties such as distributing mail, delivering messages & answering telephone. Helped file records & operated ditto, letter opening & sealing machines.

JOB TITLE (*Secondary occupation*):

DOT NO.: — YEARS EXPERIENCE:

DUTIES PERFORMED:

TESTING AND SPECIAL QUALIFICATIONS

FOREIGN LANGUAGE

LANGUAGE	FORM	COMPREHENSION: UNDERSTANDS	COMPREHENSION: READS	COMPREHENSION: WRITES	RATING: TOTAL SCORE	RATING: ADJ RATING	DATE
✓ Russian	DA AGO PRT-157?	-5 (p)	4 (P)	3(P)	2(P)		25Feb59

OPERATES (*Name of machine, vehicle, equipment, etc.*)

CLASSIFICATION, APTITUDE, AND TRADE TESTS

TITLE	FORM	DATE	GRADE—SCORE	AUTHENTICATION (*Name and rank*)
GCT	3a		III-105	Trans from old page
RV	3a		II-125	
AC	3a		III-108	
AR	3a		III-90	
PA	3a		III-94	
RCT	SR-2	30Oct56	III-92	[signature] 1stLt

PREFERENCE OF DUTY: Aircraft Maintenance and Repair

RECOMMENDED DUTY ASSIGNMENT: Aircraft Maintenance and Repair

REMARKS AND MISCELLANEOUS QUALIFICATIONS

~~1. Completed HS level GEDT~~

23Mar59 sat passed USAFI HS GED PT. 1-46, 2-57, 3-55, 4-58, 5-52

NAME (*Last*)	(*First*)	(*Middle*)	SERVICE NO.
OSWALD	Lee	Harvey	1653230

NAVMC 118 (3)-PD (REV. 8-53) (SUPERSEDES NAVMC 118-PD (REV. 8-50) WHICH WILL BE USED, AND ALL OTHER EDITIONS OF NAVMC 118 (4)-PD AND NAVMC 118 (14)-PD WHICH WILL NOT BE USED) — GPO : 1953—O-256188

FOLSOM EXHIBIT No. 1—Continued (p. 7)

e. The Marine has no firm offer of employment he has indicated that his former employer will entertain offering employment with a suitable salary to provide the necessary support of his mother.

3. In evaluation of all facts available, it is the opinion of the Board that Private First Class OSWALD meets the requirements of paragraph 10273 MCM for release from active duty.

4. The Board recommends that Private First Class Lee H. OSWALD be released from active duty with the Marine Corps for reasons of dependency.

B. J. Kozak
B. J. KOZAK
Lieutenant Colonel, U. S. Marine Corps

FOLSOM EXHIBIT No. 1—Continued (p. 80)

10:GCK:wdp
26 Aug 1959

THIRD ENDORSEMENT on Pfc OSWALD's ltr of 17 Aug 1959

From: Commanding General, 3d Marine Aircraft Wing
To: Senior Member, 3d Marine Aircraft Wing Hardship/Dependency Discharge Board.

Subj: Dependency Discharge; request for; case of Private First Class Lee H. OSWALD 1653230/6741 USMC

Ref: (b) Para 10273 MarCorMan
(c) CG 3d MAW ltr to LtCol KOZAK 10:RH:dln of 30 Jul 1959

1. Delivered.

2. In accordance with the provisions of subparagraph 9c of reference (b), you will convene the 3d Marine Aircraft Wing Hardship/Dependency Discharge Board, as designated by reference (c), as soon as practicable for the purpose of considering the subject case.

3. The recommendations of the Board will be returned to this Headquarters by endorsement hereon as expeditiously as possible.

W. A. Cloman Jr.
W. A. CLOMAN, JR.
By direction

FOLSOM EXHIBIT No. 1—Continued (p. 81)

50:EJK:mwh
1910
AUG 28 1959

FOURTH ENDORSEMENT on Pfc OSWALD's ltr of 17 Aug 1959

From: Senior Member, 3d Marine Aircraft Wing Hardship or Dependency Discharge Board
To: Commanding General, 3d Marine Aircraft Wing

Subj: Discharge by reason of dependency; request for case of Private First Class Lee H. OSWALD 1653230/6741 USMC

1. Guided by the provisions of reference (a) and in compliance with Third Endorsement hereto, the Hardship or Dependency Discharge Board met at 1530, 27 August 1959 to consider the case of Private First Class Lee H. OSWALD 1653230/6741 USMC. The Marine had submitted an official request for a dependency discharge in accordance with reference (a). The following members were present:

Lieutenant Colonel Bolish J. KOZAK 07108 USMC (MWHG-3)
Major George E. MC CLANE 016430/7335 USMC (MAG-36)
Major Eugene T. CARD 035129/7304 USMC (MWHG-3)

2. Upon examination of the basic request, supporting enclosures and Service Record, Private First Class Lee H. OSWALD was interviewed by the Board. The following facts were then considered:

a. Private First Class Lee H. OSWALD, not married, on his initial three (3) year enlistment in the Marine Corps is obligated to serve on active duty until 7 December 1959.

b. The Marine submitted his request for a dependency discharge in order that he may provide physical and financial assistance to his invalid mother residing in Fort Worth, Texas.

c. The home situation of Private First Class OSWALD has been aggravated subsequent to his enlistment date through incapacitation of his mother as a result of an industrial accident. The mother is no longer gainfully employed due to her physical condition and has no source of income. The presence of her son, Private First Class OSWALD, is required for physical and financial assistance.

d. One son, married and residing in Fort Worth is unable to provide either financial or physical assistance to the Marines mother due to his marital responsibilities and the inability of the two families to maintain a common home. Another son, married, with the U. S. Air Force on active duty in Japan, cannot furnish financial support.

FOLSOM EXHIBIT No. 1—Continued (p. 79)

PAYMENT CENTER ☐ PLEASE ADVISE CURRENT DISTRICT OFFICE OF CLAIMS STATUS (PREPARE OA-C556) ☐ PRIOR CERTIFICATION (SEE OVER)

DISTRICT OFFICE	CODE	REQUEST DATE			TYPE ACTION	BLOCK NUMBER	ACCOUNT NUMBER
DALLAS TEX	814	01	17	64	B-SOA	G 74962	433-54-3937

NAME OF A/N HOLDER	SEX	DATE OF BIRTH			P	DATE OF APPL.			TYPE CLAIM	DATE OF DEATH		
OSWALD, LEE H	M	10	19	39		01	09	64	D	11	24	63

MULTIPLE A/N	MULTIPLE A/N	MILITARY SERVICE FROM	MILITARY SERVICE THRU	V	DATE OF ONSET	MO. ELECT.	R R SERVICE

LAG INFORMATION FURNISHED BY DISTRICT OFFICE

TYPE	PERIOD	AMOUNT	EIN	TYPE	PERIOD	AMOUNT	EIN
		LAG NP					

FAMILY COMPOSITION	PRIOR CERTIFICATION	FORM 805
		S

AUXILIARY OR SURVIVOR DATA

SEX	DATE OF BIRTH	P	MO. ELECT.	SEP CHK

DED. DATA

REMARKS

IDENTIFYING INFORMATION -- ACCOUNT NUMBER UNKNOWN

FN | MN

PB | ER

FORM OA-C790 (IDP) 1-62 SS-5 REMOVED BY 6087 01 20 64 DATE

REQUEST FOR E/R ACTION

OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA GEN. REG. NO. 27

5010-107

UNITED STATES GOVERNMENT

Memorandum

CONFIDENTIAL - ADMINISTRATIVE

TO : Kansas City Payment Center

DATE: June 3, 1965

FROM : Jess C. Carter, Assistant Manager
Dallas, Texas

SUBJECT: Lee Harvey Oswald - A/N 433 54 3937

Our newspaper has reported the re-marriage of the wage earner's widow. Since the language barrier is still a problem with her it is possible she will overlook making a proper report. Reportedly the marriage took place on Tuesday June 1, 1965.

Jess C. Carter

(2) 510's, 101, 526
R681
V. Daugherty L02
6/7/65

NR DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Lee H. Oswald

NR OFFICE

3716 Rawlins Street
P.O. Box 6556
Dallas, Texas 75219

WAGE EARNER:
When writing about your claim always give Claim No.

433-54-3937 C

Mrs. Marina Porter
733 Scottsdale
Richardson Tx 75080

This will acknowledge your inquiry regarding the check(s) for the month(s) of July 1969 to be rec in Aug

The Treasury Department desires that each person promptly receive the amount due him but wishes to avoid unnecessary expense in record searching which results in many instances in finding the check was correctly paid. On a notice, such as you have furnished us, the Treasury Department must necessarily search its payment records from the date of issuance of the check until the date that a substitute check will be issued. Because of the large volume of payments, the searching operation entails a heavy expense for each item. Accordingly, it is requested that you fill out the questionnaire on the reverse of this notice and RETURN IT IN THE ENCLOSED ENVELOPE. UNLESS THIS QUESTIONNAIRE IS RETURNED NO FURTHER ACTION WILL BE TAKEN.

If you receive the check before hearing from the Treasury Department you should notify the social security district office shown above. ~~You may use the enclosed post card to notify us.~~ After sending in this notification, you may cash the check.

Upon receipt of this questionnaire, action if necessary, will be taken by the Treasury Department to place a stop payment on the check and to refer the case to the United States Secret Service for investigation and clearance so a duplicate check can be sent to you. The Treasury Department will get in touch with you if it needs further information.

Sincerely yours,

District Manager

DALLAS, TEXAS
AUG 19 1969
71014
SSA DISTRICT OFFICE

Enclosures:
Envelope
Post ~~Card OA-C1247~~

DO NOT WRITE BELOW THIS LINE

Check Number	Date	Amount

FORM SSA-L785 (10-66)
(FORMERLY OA-CL735)

Form Approved.
Budget Bureau No. 72-R417.7

A PROMPT REPLY WILL EXPEDITE ACTION

QUESTIONNAIRE

1. Have you received the check described on the other side of this sheet? ☐ Yes ☑ No

If your answer is "Yes" destroy this form; fill out and mail the enclosed post card.

2. If your answer is "No," have you asked your local post office about the check? (If your answer is "No," this should be done.) ☑ Yes ☐ No

3. If you recently changed your mailing address, have you tried to find out whether the check is being held there for you at your old address or was returned to the post office? (If your answer is "No," this should be done.) ☑ Yes ☐ No

4. Have you any information which you think might assist the Treasury Department in locating the check? (If your answer is "Yes," please give such information under "Remarks.") ☐ Yes ☑ No

5. Is it possible that you received the check and cashed it, thinking it was issued for another purpose? (If your answer is "Yes," please explain under "Remarks.") ☐ Yes ☑ No

6. If this check was illegally cashed, you will be entitled to payment of the amount of the check; however, another check in place of it will not be issued until the case has been fully investigated by the United States Secret Service. As it may be necessary to contact you for further information, please furnish on the line below the address at which you may be reached during the daytime, if such place is different from your residence.

Same as Residence
(Number and Street) (City, State and ZIP Code)

7. If the check was mailed to a different address than shown below, please furnish that address.

(Number and Street) (City, State and ZIP Code)

8. After reviewing all circumstances, I/we wish to make formal claim to the Treasury Department for stoppage of payment of this check and the issuance of a substitute check. Yes

9. REMARKS *(State any other facts which may aid in locating the check):*

If this questionnaire has been signed by mark (X), two witnesses who know the person must sign below, giving their full addresses.	SIGNATURE OF PAYEE OR CLAIMANT Mrs. Kenneth Porter
1. NAME	
ADDRESS *(Street number, City, State and ZIP Code)*	SIGNATURE OF CO-PAYEE *(Both husband and wife must sign if co-payees of a combined check)*
2. NAME	RESIDENCE NUMBER AND STREET 733 Scottsdale Dr
ADDRESS *(Street number, City, State and ZIP Code)*	CITY, STATE AND ZIP CODE Richardson Tex
	DATE *(Mo., Day, and Year)* Aug 12, 1969 — TELEPHONE NUMBER AD 1-0720

U.S. GOVERNMENT PRINTING OFFICE : 1966 O—238-966

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

NO ZIP RECORD

OFFICE

3716 Rawlins Street
P.O. Box 6556
Dallas, Texas 75219

WAGE EARNER: Lee Oswald
When writing about your claim always give Claim No. 467-82-4034

DALLAS DO JUL 1 1969

Mrs. Porter
733 Scottsdale
Richardson, Tex 75080

This will acknowledge your inquiry regarding the check(s) for the month(s) of June 1969

The Treasury Department desires that each person promptly receive the amount due him but wishes to avoid unnecessary expense in record searching which results in many instances in finding the check was correctly paid. On a notice, such as you have furnished us, the Treasury Department must necessarily search its payment records from the date of issuance of the check until the date that a substitute check will be issued. Because of the large volume of payments, the searching operation entails a heavy expense for each item. Accordingly, it is requested that you fill out the questionnaire on the reverse of this notice and RETURN IT IN THE ENCLOSED ENVELOPE. UNLESS THIS QUESTIONNAIRE IS RETURNED NO FURTHER ACTION WILL BE TAKEN.

DELAYED PAYMENT AS
PROCESS AS SSA-555

If you receive the check before hearing from the Treasury Department you should notify the social security district office shown above. ~~You may use the enclosed post card to notify us~~. After sending in this notification, you may cash the check.

Upon receipt of this questionnaire, action if necessary, will be taken by the Treasury Department to place a stop payment on the check and to refer the case to the United States Secret Service for investigation and clearance so a duplicate check can be sent to you. The Treasury Department will get in touch with you if it needs further information.

Sincerely yours,

Clarence M Vaden

District Manager

7/69

Enclosures:
Envelope
~~Post Card OA-C1247~~

DO NOT WRITE BELOW THIS LINE

Check Number	Date	Amount
75080	7/3/69	

FORM SSA-L735 (10-66)
(FORMERLY OA-CL735)

Form Approved
Budget Bureau No. 72-R417.7

A PROMPT REPLY WILL EXPEDITE ACTION

QUESTIONNAIRE

1. Have you received the check described on the other side of this sheet? ☐ Yes ☒ No

If your answer is "Yes" destroy this form; fill out and mail the enclosed post card.

2. If your answer is "No," have you asked your local post office about the check? (If your answer is "No," this should be done.) ☒ Yes ☐ No

3. If you recently changed your mailing address, have you tried to find out whether the check is being held there for you at your old address or was returned to the post office? (If your answer is "No," this should be done.) ☐ Yes ☒ No

4. Have you any information which you think might assist the Treasury Department in locating the check? (If your answer is "Yes," please give such information under "Remarks.") ☐ Yes ☒ No

5. Is it possible that you received the check and cashed it, thinking it was issued for another purpose? (If your answer is "Yes," please explain under "Remarks.") ☐ Yes ☒ No

6. If this check was illegally cashed, you will be entitled to payment of the amount of the check; however, another check in place of it will not be issued until the case has been fully investigated by the United States Secret Service. As it may be necessary to contact you for further information, please furnish on the line below the address at which you may be reached during the daytime, if such place is different from your residence.

733 Scottsdale dr. — Richardson, Texas 75080

(Number and Street) (City, State and ZIP Code)

AUG 4 12 35 PM '69

7. If the check was mailed to a different address than shown below, please furnish that address.

(Number and Street) (City, State and ZIP Code)

8. After reviewing all circumstances, I/we wish to make formal claim to the Treasury Department for stoppage of payment of this check and the issuance of a substitute check.

9. REMARKS (*State any other facts which may aid in locating the check*):

None

If this questionnaire has been signed by mark (X), two witnesses who know the person must sign below, giving their full addresses.	SIGNATURE OF PAYEE OR CLAIMANT: Mrs. Kenneth Porter
1. NAME	
ADDRESS (*Street number, City, State and ZIP Code*)	SIGNATURE OF CO-PAYEE (*Both husband and wife must sign if co-payees of a combined check*)
	733 Scottsdale dr. — RESIDENCE NUMBER AND STREET
2. NAME	Richardson, Texas, 75080 — CITY, STATE AND ZIP CODE
ADDRESS (*Street number, City, State and ZIP Code*)	DATE (*Mo., Day, and Year*): July 18, 1969 — TELEPHONE NUMBER: AD-1-0720

☆ U. S. GOVERNMENT PRINTING OFFICE : 1967 O - 265-973

Form OA-C107 (5-64)
Form Approved by Comptroller General, U.S.
January 28, 1955

DETERMINATION OF RESUMPTION OF AWARD

Department of Health, Education, and Welfare
Social Security Administration

DISTRICT OFFICE: 3716 RAWLINS ST, DALLAS, TEX OK

ACCOUNT NUMBER: 433-54-2937

THE FOLLOWING DETERMINATION IS BASED ON SUPPORTING EVIDENCE ON FILE AND CERTIFICATION OF PAYMENT IS RECOMMENDED AS FOLLOWS:

NAME AND ADDRESS: MARINA N. PORTER, 1245 DONNA DR., RICHARDSON, TX 75080

FOR MINOR CHILDREN OF

FOR

GUARDIAN OF

☐ 1. TEMPORARY DEDUCTIONS ________ EMPLOYED ________

☒ 2. PERMANENT DEDUCTIONS "E" EMPLOYED 1/65 - 2/65 F.A.

TOTAL EARNINGS $ 5130.40 TOTAL EXCESS EARNINGS $ 3680 CHARGEABLE EXCESS EARNINGS $ .60 TOTAL MONTHLY BENEFIT(S) $ 40.30

☐ 3. ________ EMPLOYED OUTSIDE THE U. S. ________ ☐ 4. MOTHER HAS A CHILD IN HER CARE BEGINNING ________

☐ 5. It Has Been Determined That The Above Person Is Now The Proper Payee. ☐ 6. AGE 65, RECOMP. ________ ☐ 7. TO CORRECT NAME OR SOCIAL SECURITY ACCOUNT NO. ☐ 8. NEW ADDRESS

☐ 9. ATTAINED AGE 72 ________ ☐ 10. TO COMBINE A & B BENEFITS ☒ 11. OTHER "E" - TERM - 6/65 REMARRIAGE 202 (T) EXC.

☒ ONE CHECK ONLY ☒ ☐ AWARD ☐ ADJUSTMENT ☐ SUPP L/S ☐ CONDITIONAL ADJUSTMENT ☐ FOLDER REFERENCE

BENEFICIARY NOTICE: S87 (5130.24) (-) (34.50) (34.50) R45 (40.30) (1/65-2/65)

PMT. IDEN. CODE	BEN. IDEN. CODE	MONTHLY BENEFIT: BEGIN. DATE	MONTHLY BENEFIT: MONTHLY RATE	ACCRUED BENEFIT: PERIOD FROM	ACCRUED BENEFIT: PERIOD TO	ACCRUED BENEFIT: AMOUNT	DEDUCTIONS: EFFECTIVE FROM	DEDUCTIONS: EFFECTIVE TO	DEDUCTIONS: AMOUNT	RFD	WIC	NET AMOUNT DUE
E			33.40				1/65	5/65	167.00			
E			40.30	1/65	2/65	80.60					2	
E			40.30	3/65	5/65	120.90						34.50

REMARKS
PIA 76.00

ABS-C35
SC-3

A-6J 41KOMAY

PREPARED BY-EXAMINER	DATE	APPROVED BY-REVIEWER	DATE
K. Bullock F198 II	4/23/66	D.J. Franklin E-30-13	4/25/66

Form OA-C107 (2-64)
Form Approved by Comptroller General, U.S.
January 28, 1955

DETERMINATION OF RESUMPTION OF AWARD

Department of Health, Education, and Welfare
Social Security Administration

DISTRICT OFFICE
3716 Rawlins St.
Dallas, Tex. 75219

CLAIM NUMBER
433-54-3937

THE FOLLOWING DETERMINATION IS BASED ON SUPPORTING EVIDENCE ON FILE AND CERTIFICATION OF PAYMENT IS RECOMMENDED AS FOLLOWS:

NAME AND ADDRESS
Marina N. Oswald
629 Belt Line Rd.
Richardson, Tex. 75080

FOR MINOR CHILDREN OF

FOR

GUARDIAN OF

[X] 1. TEMPORARY DEDUCTIONS E EMPLOYED 9/64 ON (Partial)

[ ] 2. PERMANENT DEDUCTIONS ______ EMPLOYED ______

TOTAL EARNINGS $ ______ TOTAL EXCESS EARNINGS $ ______ CHARGEABLE EXCESS EARNINGS $ ______ TOTAL MONTHLY BENEFITS ______

[ ] 3. ______ EMPLOYED OUTSIDE THE U. S. ______ [ ] 4. MOTHER HAS A CHILD IN HER CARE BEGINNING ______

[ ] 5. IT HAS BEEN DETERMINED THAT THE ABOVE PERSON IS NOW THE PROPER PAYEE. [ ] 6. AGE 65, RECOMP. ______ [ ] 7. TO CORRECT NAME OR SOCIAL SECURITY ACCOUNT NO. [X] 8. NEW ADDRESS

[ ] 9. ATTAINED AGE 72 ______ [ ] 10. TO COMBINE A & B BENEFITS [ ] 11. OTHER ______ ______ 202 (T) EXC ______

[ ] ONE CHECK ONLY [ ] A- [ ] AWARD [X] ADJUSTMENT [ ] SUPP L/S [ ] CONDITIONAL ADJUSTMENT [ ] FOLDER REFERENCE

BENEFICIARY NOTICE:
"S"

PMT. IDEN. CODE	BEN. IDEN. CODE	MONTHLY BENEFIT		ACCRUED BENEFIT			DEDUCTIONS					NET AMOUNT DUE
		BEGIN. DATE	MONTHLY RATE	PERIOD FROM	PERIOD TO	AMOUNT	EFFECTIVE FROM	EFFECTIVE TO	AMOUNT	RFD	WIC	
E			37.60				9/64	9/64	37.60			
E			37.50	AA	37.50							
E		10/64	31.40	9/64	9/64	31.40					2	31.30

REMARKS
PIA 71.00
MAX. 106.60
E 31.40
C2 37.60 C1-37.60

AA-Excess refund received on Schedule #74, dtd. 10/15/64

3-CC 35KC OCT

PREPARED BY-EXAMINER: R. E. De Graffenried DATE: 10-16-64
APPROVED BY-REVIEWER: W. C. Lauf DATE: 10/16/64

Form OA-C107 (5-64)
Form Approved by Comptroller General, U.S.
January 28, 1955

DETERMINATION OF RESUMPTION OF AWARD

Department of Health, Education, and Welfare
Social Security Administration

DISTRICT OFFICE

ACCOUNT NUMBER 433-54-3937 E

THE FOLLOWING DETERMINATION IS BASED ON SUPPORTING EVIDENCE ON FILE AND CERTIFICATION OF PAYMENT IS RECOMMENDED AS FOLLOWS:

NAME AND ADDRESS
MARINA N. OSWALD

FOR MINOR CHILDREN OF

FOR

GUARDIAN OF

☒ 1. TEMPORARY DEDUCTIONS E EMPLOYED 1/65 ON (PARTIAL)

☒ 2. PERMANENT DEDUCTIONS E EMPLOYED 9/64- 12/64 (PARTIAL)

TOTAL EARNINGS $ 9999.00 TOTAL EXCESS EARNINGS $ 8549.00 CHARGEABLE EXCESS EARNINGS $ 24.80 TOTAL MONTHLY BENEFIT(S) $ 37.60

☐ 3. ______ EMPLOYED OUTSIDE THE U. S. ______ ☐ 4. MOTHER HAS A CHILD IN HER CARE BEGINNING ______

☐ 5. IT HAS BEEN DETERMINED THAT THE ABOVE PERSON IS NOW THE PROPER PAYEE. ☐ 6. AGE 65, RECOMP. ______ ☐ 7. TO CORRECT NAME OR SOCIAL SECURITY ACCOUNT NO. ☐ 8. NEW ADDRESS

☐ 9. ATTAINED AGE 72 ______ ☐ 10. TO COMBINE A & B BENEFITS ☐ 11. OTHER ______ ______ 202 (T) EXC ______

☐ ONE CHECK ONLY ☐ A- ☐ AWARD ☐ ADJUSTMENT ☐ SUPP L/S ☐ CONDITIONAL ADJUSTMENT ☒ FOLDER REFERENCE

BENEFICIARY NOTICE:
NLN

PMT. IDEN. CODE	BEN. IDEN. CODE	MONTHLY BENEFIT		ACCRUED BENEFIT			DEDUCTIONS					NET AMOUNT DUE
		BEGIN. DATE	MONTHLY RATE	PERIOD FROM	PERIOD TO	AMOUNT	EFFECTIVE FROM	EFFECTIVE TO	AMOUNT	R F D	W I C	

REMARKS
PIA 71.00

PREPARED BY-EXAMINER	DATE	APPROVED BY-REVIEWER	DATE
J Wilks 202	2/27/65	R N Burks C065	2/27/65

FORM OA-C528b (4-64) KC

DISTRICT OFFICE	DETERMINATION OF TERMINATION OF ENTITLEMENT OR SUSPENSION OF PAYMENTS BASED ON SUPPORTING EVIDENCE ON FILE	CLAIM NO. 433-54-3937-E	PIC E
		W. E.	
	ADJMT. CODING	DATE 6/7/65	

Marina N. Oswald

CR. BLOCK NO.	0208 JUN '65 KC
DATE OF BIRTH	INITIALS
PAYEE FILE	
DIARY FILE	mg
CROSS-REF. ACCOUNT NO.	

CLC	MONTHLY RATE	SHOULD HAVE BEEN (SHOULD BE) STOPPED
45	31.40	6/65
SPA	LAST SCHED. NO.	TREASURY REQUESTED TO DISCONTINUE PAYMENT
	9A	6/65

- ☐ 0. Investigation pending determ. of cont. disability
- ☐ 1. Worked outside the United States
- ☐ 2. Worked and expects net earnings to exceed $1200
- ☐ 3. OAIB worked and expects net earnings to exceed $1200
- ☐ 4. Failure to have a child entitled to benefits in your care
- ☐ 5. OAIB worked outside the United States
- ☐ 7. Refused VR Services
- ☐ 8. Payee not determined
- ☐ 9.

mjb [signature] [signature] 6/7/65

(Clerk) (Date) (Reviewer) (Date)

- ☐ 0. Benefits payable by some other agency
- ☐ 1. Death of beneficiary
- ☐ 2. Dependent terminated due to death of insured individual
- ☒ 3. XXXXXXXXXXX Remarriage
- ☐ 4C. Attained age 18 and not disabled
- ☐ 4. Child attained age 18 and not disabled
- ☐ 5. Beneficiary entitled to other benefits
- ☐ 6C. Child no longer disabled
- ☐ 9.
- ☐ 6. Death Marriage of child
- ☐ 7C. Adoption
- ☐ 7. Adoption of child
- ☐ 8H. DIB no longer disabled
- ☐ 8. Mother terminated-Child no longer disabled
- ☐ X. DIB attained age 65
- ☐ R. Claim withdrawn

FORM OA-C528b (4-64) KC

DISTRICT OFFICE	DETERMINATION OF TERMINATION OF ENTITLEMENT OR SUSPENSION OF PAYMENTS BASED ON SUPPORTING EVIDENCE ON FILE	CLAIM NO. 433-54-3937	PIC E
		W. E.	
	ADJMT. CODING A9	DATE 10/16/64	

CR. BLOCK NO. W-0 4 02 OCT '64 KC

Marina N. Oswald

DATE OF BIRTH	INITIALS
PAYEE FILE	Bea D
DIARY FILE	

CLC	MONTHLY RATE	SHOULD HAVE BEEN (SHOULD BE) STOPPED
45	37.60	
SPA	LAST SCHED. NO.	TREASURY REQUESTED TO DISCONTINUE PAYMENT
	9A	10/64

CROSS-REF.
ACCOUNT NO.

- ☐ 0. Investigation pending determ. of cont. disability
- ☐ 1. Worked outside the United States
- ☐ 2. Worked and expects net earnings to exceed $1200
- ☐ 3. OAIB worked and expects net earnings to exceed $1200
- ☐ 4. Failure to have a child entitled to benefits in your care
- ☐ 5. OAIB worked outside the United States
- ☐ 7. Refused VR Services
- ☐ 8. Payee not determined
- ☐ 9.

red (Clerk) (Date) W. C. L. (Reviewer) 10/16/64 (Date)

- ☐ 0. Benefits payable by some other agency
- ☐ 1. Death of beneficiary
- ☐ 2. Dependent terminated due to death of insured individual
- ☐ 3. Divorce Marriage Remarriage
- ☐ 4C. Attained age 18 and not disabled
- ☐ 4. Child attained age 18 and not disabled
- ☐ 5. Beneficiary entitled to other benefits
- ☐ 6C. Child no longer disabled
- ☐ 9.
- ☐ 6. Death Marriage of child
- ☐ 7C. Adoption
- ☐ 7. Adoption of child
- ☐ 8H. DIB no longer disabled
- ☐ 8. Mother terminated-Child no longer disabled
- ☐ X. DIB attained age 65
- ☐ R. Claim withdrawn

PREVIOUS DISTRICT OFFICE	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION PAYEE, ADDRESS CHANGE, OR HOLD CHECK REQUEST		NEW DISTRICT OFFICE
DATE 5/10/65	WAGE EARNER	PIC E	CLAIM NO.

FLOA	LLOA	MBA	SPA
		03140	

TR FILE CODE	CLC	S & C CODE
9A	45	45390A

Marina N Oswald 433 54 3937 E
1245 Donna Dr
Richardson Tex 75080

xx ☐ ADDRESS CHANGE

☐ HOLD CK DATED

☒ PAYEE CHANGE

REPLACE CK DATED 6/3/65
DRAWN PAYABLE TO

Mariana N Oswald

FORM OA-C610 (2-64)

mvj

FILE COPY

PREVIOUS DISTRICT OFFICE	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION PAYEE, ADDRESS CHANGE, OR HOLD CHECK REQUEST	NEW DISTRICT OFFICE ~~3716 RAWLINS ST~~ ~~DALLAS TEX 75219~~

DATE	WAGE EARNER	PIC	CLAIM NO.
05/05/65 06			

FLOA	LLOA	MBA	SPA
2	3	03140	MARINA

433 54 3937 E

TR FILE CODE	CLC	S & C CODE
9A	45	45390 A

~~MARIANA~~ N OSWALD
1245 DONNA DR
RICHARDSON TEX ——— 75080

- [ ] ADDRESS CHANGE
- [ ] HOLD CK DATED______
- [x] PAYEE CHANGE

REPLACE CK DATED
DRAWN PAYABLE TO______

MARIANA N OSWALD CK REDIRECTED

Reject 5/6/65 ll

FORM OA-C610B (6-64)

FILE COPY

US DISTRICT OFFICE	DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE SOCIAL SECURITY ADMINISTRATION PAYEE, ADDRESS CHANGE, OR HOLD CHECK REQUEST		NEW DISTRICT OFFICE
4-3-64	WAGE EARNER	PIC E	CLAIM NO.

LLOA	MBA
4	03760

CODE	CLC	S & C CODE
A		45390

Marina N Oswald 433 54 3937 E
629 Belt Line
Richardson Tex 75080

DRESS CHANGE
LD CK DATED
EE CHANGE
PLACE CK DATED
AWN PAYABLE TO

A-C610 (6-63)

FILE COPY

Form OA-C526 (1-61)

Form approved by
Comptroller General, U. S., October 25, 1950

BENEFIT SUMMARY

Department of Health, Education, and Welfare
Social Security Administration
Bureau of Old-Age and Survivors Insurance

CLASS OF ACTION

ACCOUNT NUMBER 433-54-3937

PMT. IDEN. CODE	BEN. IDEN. CODE	MONTHLY BENEFIT		ACCRUED BENEFIT			DEDUCTIONS					NET AMOUNT DUE
		BEGIN. DATE	MONTHLY RATE	PERIOD		AMOUNT	EFFECTIVE		AMOUNT	RFD	WIC	
				FROM	TO		FROM	TO				
E		2/64	37.60	11/63	1/64	112.80						
E			213.00	LS.		213.00						325.80
C1		2/64	75.20	11/63	1/64	225.60						225.60

REMARKS

C1 (2)

1?7 P 74KC FEB

CLERK	DATE	REVIEWER	DATE
F. Corliel	2/3/64	[signature]	2-3-64

☆ U. S. GOVERNMENT PRINTING OFFICE: 1962-666121

Form OA-C-101 Determination of Award

Form approved by Comptroller General, U.S. January 23, 1958

1. INSURED INDIVIDUAL	RACE W N O	DATE OF BIRTH	DATE OF DEATH	DATE CLAIM FILED
Lee H Oswald	X (W)	10/19/39	11/24/63	

2. REQUIRED QTRS.	HAS AT LEAST	CURRENT QTRS.	3. First Base Yr. Or Starting Date	LAST BASE YR. OR CLOSING DATE	4. LUMP SUM AMOUNT
6	6		1951	1963	213.00

5. TOTAL EARNINGS	DISABILITY PERIOD EXCLUDED	ELAPSED YRS. OR YRS. DROPPED	DIVISOR	INCREMENTS	PRIMARY AMOUNT
3306.85		61-62	24		71.00

6. SYMBOL	NAME	DATE OF BIRTH	DATE CLAIM FILED	ORIGINAL BENEFIT	ANY OTHER BENEFITS	ADJUSTED BENEFIT	RELATIVE'S ACCT. NUMBER (IF ANY)
G1		7/17/41	1/9/64				
E		"	"	53.30		37.60	[illegible]
C2	June L	2/15/62	"	53.30		37.60	
C1	Audrey M	10/20/63	"	53.30		37.60	

8. REIMBURSABLE F. H. EXPENSES ARE	PAID AS FOLLOWS	REMAINS UNPAID	7. MAXIMUM PAYABLE
			112.80

11. REMARKS

3716 Rawlins St
Dallas Tex 75219

D.O. CODE 814

127 P 74KC FEB

HF — /

Symbol	12. CERTIFICATION OF PAYMENT — Name and address of payee as claimant or as representative of the claimant	DATE OF ENTITLEMENT TO MONTHLY BENEFITS	MONTHLY BENEFIT	LUMP-SUM DEATH PAYMENT
E	Marina N Oswald	11/63	37.60	213.00
-63	Bx 1407			
	Grand Prairie Tex 75050			
C	Marina N Oswald for minor children of L H Oswald	11/63	75.20	
	Same			

Pursuant to lawfully delegated authority, I certify that, on application by or on behalf of the claimant(s) named above as payee(s) and the supporting evidence forwarded herewith, the foregoing statements are my determination of fact and decisions as to the benefit(s) to be paid as indicated.

By D. Lynde (Claims Representative)

Date 1/16/64

I certify that pursuant to lawfully delegated authority I have verified the above statements with the supporting evidence on file in this office; that I have computed all amounts and that same are correct as shown; and that all indicated benefit(s) are in accordance with the provisions of Title II of the Social Security Act as amended.

Approved G. L. Lunn (Claims Authorizer)

Date 2/3/64

☆GPO 1962-636576

ACCOUNT NUMBER	1958 PIA	1965 PIA	FAMILY MAXIMUM	REMARKS	TRANSCRIP
433 54 3937	71.00	76.00	114.00 T	A	09/65R

BENEFICIARY'S NAME			PIC	BIC	LAF	RETROACTIVE AMOUNT PAID	NEW MONTHLY RATE
OSWALD	AUDREY	M	C1	C1	C	24.60	57.00
01 37.60 PD 2.70 40.30	01 37.60 PD 2.70 40.30	01 PD	37.60 2.70 40.30	01 PD	37.60 2.70 40.30	01 37.60 PD 2.70 40.3[illegible]	01 53.30 PD 3.70 57.00
01 53.30 PD 3.70 57.00	01 53.30 PD 3.70 57.00						
OSWALD	JUNE	L	C1	C2	C	24.60	57.00
01 37.60 PD 2.70 40.30	01 37.60 PD 2.70 40.30	01 PD	37.60 2.70 40.30	01 PD	37.60 2.70 40.30	01 37.60 PD 2.70 40.30	01 53.30 PD 3.70 57.00
01 53.30 PD 3.70 57.00	01 53.30 PD 3.70 57.00						
			TOTAL PAYMENT AMOUNT			49.20	114.00
OSWALD	MARINA	N	E	E	T3	10.00	33.40
21 31.40 PD 2.00 33.40	21 31.40 PD 2.00 33.40	21 PD	31.40 2.00 33.40	21 PD	31.40 2.00 33.40	21 31.40 PD 2.00 33.40	T 0 31.40 NP 2.00 33.40

R F D	W I C	B P D	OLD MBA INCREASE NEW MBA	R F D	W I C	B P D	OLD MBA INCREASE NEW MBA	R F D	W I C	B P D	OLD MBA INCREASE NEW MBA	R F D	W I C	B P D	OLD MBA INCREASE NEW MBA	R F D	W I C	B P D	OLD MBA INCREASE NEW MBA	R F D	W I C	B P D	OLD MBA INCREASE NEW MBA

FORM OA-C596 (5-65) 1965 CONVERSION OF BENEFIT RATES

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

APPOINTMENT OF REPRESENTATIVE

I appoint James H. Martin (Name of representative) to act as my representative with respect to my claim under the Social Security Act, based on the earnings record of

Lee Harvey Oswald (Name of wage earner or self-employed individual), 433-54-3937 (Social security account number)

The above-named representative is authorized to obtain from the Administration information concerning my claim; and it is understood that any notice or request sent to him shall have the same force and effect as if sent to me.

Mrs. Marina N Oswald
(Signature)

P. O. Box 1407
(Address)

Jan 10, 1964
(Date)

Grand Prairie, Texas

ACCEPTANCE OF APPOINTMENT

I accept the above appointment. I am a person in good standing in my community and I am able to assist and advise the above party in this case.

I am Business advisor
(Union representative, relative, etc.)

James H Martin
(Signature)

1611 Farrar St.
(Address)

Jan 10, 1964
(Date)

Dallas, Texas

(SEE REVERSE SIDE FOR REGULATIONS AS TO FEES OF REPRESENTATIVES FOR SERVICES TO A PARTY AND INFORMATION ON CONFLICT OF INTEREST)

Form AC-512
(3-60)

Form OAC-5002
(1-54)

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

OFFICE: Dallas, Tex.

DATE: 1-10-64

W/E OR S/E PERSON: Lee Harvey Oswald

A/N 433-54-3937

NAME AND ADDRESS OF PERSON(S) CONTACTED: Mr. James H. Martin - Business Manager for Mrs. L. H. Oswald.

CONTACT MADE: IN PERSON ☒ TELEPHONE ☐

PLACE OF CONTACT: Dallas

I discussed the amount of earnings for 1963 with Mr. Martin. He said our 1001's were correct. He stated the $2600.00 shown on the application form was simply a very liberal "guess".

I feel that we can accept the 1001 total for 1963 without hesitancy.

CONTACT MADE BY Jesse B. Carter (SIGNATURE) Asst. Mgr. (TITLE)

(FOR CONTINUATION OF THIS REPORT, TURN PAGE. KEEP MARGINAL SPACE AT RIGHT FOR BINDING)

U. S. GOVERNMENT PRINTING OFFICE : 1958 O -486513

Form OAC-5002
(1-54)

REPORT OF CONTACT

(USE INK OR TYPEWRITER)

OFFICE:

DATE:

W/E OR S/E PERSON

A/N

NAME AND ADDRESS OF PERSON(S) CONTACTED:

= Transmittal =

CONTACT MADE: IN PERSON ☐ TELEPHONE ☐

PLACE OF CONTACT:

Since there were several million witnesses to the shooting which resulted in Lee H. Oswald's death, we feel it is not necessary to obtain a statement from authorities showing Mrs. Oswald was not involved.

CONTACT MADE BY Jos. C. Carter (SIGNATURE) Asst. Mgr. (TITLE)

(FOR CONTINUATION OF THIS REPORT, TURN PAGE. KEEP MARGINAL SPACE AT RIGHT FOR BINDING)

U. S. GOVERNMENT PRINTING OFFICE : 1958 O.-486513